

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F17274**

1. Entity Name  
**MARTIN AND RUBIN, P.A.**



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90290 042 \*\*\*150.00

0403823 AV

Principal Place of Business  
**7000 W. PALMETTO PARK ROAD**  
**200**  
**BOCA RATON FL 33433**  
**US**

Mailing Address  
**7000 W. PALMETTO PARK ROAD**  
**200**  
**BOCA RATON FL 33433**  
**US**



2. Principal Place of Business  
**7280 W. Palmetto Park Rd**

3. Mailing Address  
**7280 W. Palmetto Park Rd**

Suite, Apt. #, etc.  
**304**

Suite, Apt. #, etc.  
**304**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Boca Raton, FL 33433**

City & State  
**Boca Raton, FL**

4. FEI Number  
**59-2052321**

Applied For  
☐ Not Applicable

Zip  
**33433**

Country

Zip  
**33433**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MARTIN, RONALD T**  
**7000 W. PALMETTO PARK ROAD**  
**STE 200**  
**BOCA RATON FL 33433**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**7280 W. Palmetto Park Road**

Suite 304

City  
**Boca Raton**

FL

Zip Code  
**33433**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**MARTIN, RONALD T.** ☐ Delete  
**6116 AMBERWOODS DR.**  
**BOCA RATON FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS**  
**MARTIN, SHEILA M** ☐ Delete  
**6116 AMBERWOODS DR**  
**BOCA RATON FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)