

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90154 040 ***550.00

DOCUMENT # F96000000715

1. Entity Name

MARTIN MONEY MANAGEMENT, INC.

Principal Place of Business

**309 E. OSCEOLA ST., SUITE 208
STUART FL 34994**

Mailing Address

**309 E. OSCEOLA ST., SUITE 208
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0606536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNN, WILLIAM A
309 E. OSCEOLA ST., SUITE 208
STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCST	<input type="checkbox"/> Delete
NAME	DUNN, WILLIAM A	
STREET ADDRESS	309 E. OSCEOLA ST., SUITE 208	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VP	<input type="checkbox"/> Delete
NAME	J. ALLEN COMO	
STREET ADDRESS	309 E. OSCEOLA ST., STE 208	
CITY-ST-ZIP	STUART FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	TULLIER, PIERRE M	
STREET ADDRESS	309 E OSCEOLA ST	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VPRO	<input type="checkbox"/> Delete
NAME	PERE, DAVID P	
STREET ADDRESS	309 E OSCEOLA ST	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VPRO	<input type="checkbox"/> Delete
NAME	WRIGHT, DOUGLAS W	
STREET ADDRESS	309 E OSCEOLA ST	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VPTA	<input type="checkbox"/> Delete
NAME	BONSIGNORE, RALPH L	
STREET ADDRESS	309 E OSCEOLA ST	
CITY-ST-ZIP	STUART FL 34994	

TITLE	V of Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirk J. Adams	
STREET ADDRESS	309 E. Osceola St.	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel E. Dunn	
STREET ADDRESS	309 E. Osceola St.	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kirk J. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/6/00

Daytime Phone #

561-286-4777

CR2E034 (500)