


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90318 047 ***150.00

0614887 AT

| | |
|--------------------------------|---|
| DOCUMENT # F98000004042 |  |
|--------------------------------|---|

1. Entity Name
MARTIN BROTHERS INTERNATIONAL, INC.

Principal Place of Business
**20 THORNDAL CIRCLE
DARIEN CT 06820**

Mailing Address
**20 THORNDAL CIRCLE
DARIEN CT 06820**



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

☐ CHECK HERE IF MAKING CHANGES

| | | |
|---|--|---------------------------------------|
| 4. FEI Number 59-3485911 | | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILSENAN, MIKE | NAME | |
| STREET ADDRESS | 459 EAST 16 ST. | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32203 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRITTON, ROBERT A | NAME | |
| STREET ADDRESS | 20 THORNDAL CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | DARIEN CT | CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZIEGLER, KARL H | NAME | |
| STREET ADDRESS | 20 THORNDAL CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | DARIEN CT | CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZIEGLER, WILLIAM T | NAME | |
| STREET ADDRESS | 20 THORNDAL CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | DARIEN CT | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANN, TIMOTHY | NAME | |
| STREET ADDRESS | 459 EAST 16 ST. | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORASANITI, RALPH | NAME | |
| STREET ADDRESS | 20 THORNDAL CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | DARIEN CT | CITY-ST-ZIP | |

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

RALPH P. CORASANITI

5/1/03

203-656-8000

Date Daytime Phone #

CF2E034 (10/02)