

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000264

1. Entity Name

PETEMAR CONSTRUCTION CO.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90162 040 ***150.00

Principal Place of Business

Mailing Address

1111 CATER AVE.
PERRY GA 31069

1111 CATER AVE.
PERRY GA 31069-3535



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

128 HICKS DR.

128 HICKS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #4

SUITE #4

City & State

City & State

PERRY GA.

PERRY GA.

Zip

Country

Zip

Country

31069

HOUSTON

31069

HOUSTON

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOIDA, FRANK
837 CREPE MYRTLE
APOPKA FL 32712

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

CP
MARTIN, PETER B
1111 CATER AVE.
PERRY GA 31069

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CP
MARTIN, PETER B.
2101 ELKO RD.
ELKO GA 31025

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CST
MARTIN, MARY L
1111 CATER AVE.
PERRY GA 31069

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CST
MARTIN, MARY L
2101 ELKO RD.
ELKO GA 31025

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Peter B. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER B. MARTIN

4/5/2000

Date

912-987-8774

Daytime Phone #

CR2E034 (9/99)