

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G78069

1. Entity Name
C-MAR CONTRACTORS, INC.

Principal Place of Business
9130 NIAGARA RD
WEEKI WACHEE FL 34613
US

Mailing Address
9130 NIAGARA RD
WEEKI WACHEE FL 34613
US

2. Principal Place of Business
9130 NIAGARA RD.
Suite, Apt. #, etc.

3. Mailing Address
9130 NIAGARA RD.
Suite, Apt. #, etc.

City & State
Weeki Wachee Florida
Zip 34613 Country U.S.A.

City & State
Weeki Wachee Florida
Zip 34613 Country U.S.A.

4. FEI Number 59-2388116

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DANLEY, RICHARD D
3501 13TH ST.
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE P
NAME MARTINO, RONALD
STREET ADDRESS 9130 NIAGARA RD
CITY-ST-ZIP WEEKI WACHEE FL 34613 ☐ Delete

TITLE V
NAME MARTINO, CHESTER P
STREET ADDRESS 9130 NIAGARA RD.
CITY-ST-ZIP WEEKI WACHEE FL 34613 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. 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

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: R. Martino **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90019 034 ***150.00



DO NOT WRITE IN THIS SPACE

0638947 AV

CR2E034 (9/01)

1-5-2002 352-597-9514
Date Daytime Phone #