

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90280 025 ***150.00

DOCUMENT # H13318

1. Entity Name

MARTE, INC



DO NOT WRITE IN THIS SPACE

44026976

2. Principal Place of Business

10 SAND PIPER COVE
Suite, Apt. #, etc.

3. Mailing Address

10 SAND PIPER COVE
Suite, Apt. #, etc.

P.O. BOX 1654

DO NOT WRITE IN THIS SPACE

City & State

PONTE VEDRA BCH FL

City & State

PONTE VEDRA BCH FL

4. FEI Number

59242975

Applied For

Not Applicable

Zip

32082-8654

Country

ST JOHNS

Zip

32082-8654

Country

ST JOHNS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SAFER, ELIOT J.

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

10110 SAN JOSE BLVD

City

JACKSONVILLE

FL

Zip Code

32257

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT, DIRECTOR
LEIGHTON, STEPHEN E.
10 SAND PIPER COVE
PONTE VEDRA BCH FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
LEIGHTON, FRANCES H.
10 SAND PIPER COVE
PONTE VEDRA BCH FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
LEIGHTON, ANN M.
1833 HALSTEAD BLVD
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen E. Leighton, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN E. LEIGHTON PRESIDENT

Date

Daytime Phone #

CR2E034B (12/02)