

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J53646**

1. Entity Name

MARTINS USED CARS, INC.**FILED****Mar 22, 2001 8:00 am**
Secretary of State

03-22-2001 90058 050 ***150.00

Principal Place of Business

**9001 SOUTHWEST STATE ROAD 200
POST OFFICE BOX 1741
OCALA FL 32678**

Mailing Address

**9001 SOUTHWEST STATE ROAD 200
POST OFFICE BOX 1741
OCALA FL 32678**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2776563

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARTINS, FRANK
9333 S.W. 105TH ST.
OCALA FL 32676**

Name

WILSON MARTINS

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

10979 SW 58th Avenue Road

City

OCALA**FL**

Zip Code

34481

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

Wilson MARTINS, President**3-16-2001**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, 2001 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 **PD** ☐ Delete
NAME **MARTINS, WILSON**
STREET ADDRESS **9333 SW 105TH ST.**
CITY-ST-ZIP **OCALA FL**TITLE **✓** ☐ Change ☒ Addition
NAME **WILTON MARTINS**
STREET ADDRESS **5913 SW 111 PLACE ROAD**
CITY-ST-ZIP **OCALA FL 34481**TITLE **D** ☒ Delete
NAME **FRANK. MARTINS**
STREET ADDRESS **9333 SW 105th ST.**
CITY-ST-ZIP **OCALA, FL 32676**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-16-2001**Daytime Phone # **352-854-5599**

CR2E034 (10/00)