## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2002 8:00 am Secretary of State DOCUMENT # J53646 1. Entity Name 02-04-2002 90006 002 \*\*\*150 00 MARTINS USED CARS, INC. Principal Place of Business Mailing Address 9001 SOUTHWEST STATE ROAD 200 9001 SOUTHWEST STATE ROAD 200 POST OFFICE BOX 1741 POST OFFICE BOX 1741 **OCALA FL 32678** OCALA FL 32678 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2776563 Not Applicable .F Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTINS, WILSON Street Address (P.O. Box Number is Not Acceptable) 10879 SW 58TH AVENUE ROAD OCALA FL 34481 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/6) ☐ Delete TITLE ☐ Change ☐ Addition TITLE PD NAME NAME MARTINS, WILSON CR2E034 STREET ADDRESS STREET ADDRESS 9333 SW 105TH ST. CITY-ST-ZIP **OCALA FL 32676** CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME MARTINS, WILTON STREET ADDRESS STREET ADDRESS 5913 SW 111 PLACE ROAD CITY-ST-7IP CITY-ST-ZIP OCALA FL 34481 ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [1] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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 oddress, with all other like empowered.