

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90212 031 ***150.00

DOCUMENT # J53646

1. Entity Name
MARTINS USED CARS, INC.



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
9001 Southwest State Road 200
Suite, Apt. #, etc.

3. Mailing Address
9001 Southwest State Road 200
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
OCALA FL or: DA

City & State
OCALA FL or: DA

4. FEI Number **59-2776563**

Applied For
Not Applicable

Zip **34481** **Country** **USA.**

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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, WILSON
10879 SW 58TH AVENUE ROAD
OCALA FL 34481

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. 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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINS, WILSON	
STREET ADDRESS	9333 SW 105TH ST.	
CITY-ST-ZIP	OCALA FL 32676	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTINS, WILSON	
STREET ADDRESS	5913 SW 111 PLACE ROAD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON MARTINS, Pres. **1-6-2003 352-854-5599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)