

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90207 014 ***150.00

DOCUMENT # J56237

1. Entity Name
MARTIN S. FRIEDMAN, P.A.



Principal Place of Business
**2548 BLAIRSTONE PINES DRIVE:
TALLAHASSEE FL 32301**

Mailing Address
**2548 BLAIRSTONE PINES DRIVE:
TALLAHASSEE FL 32301**

70010537



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
600 S. North Lake Blvd.

3. Mailing Address
600 S. North Lake Blvd.

Suite, Apt. #, etc.
Suite 160

Suite, Apt. #, etc.
Suite 160

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

Zip
32701

Country

Zip
32701

Country

4. FEI Number
59-2765398

Applied For
☐ Not Applicable

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

**FRIEDMAN, MARTIN S.
2548 BLAIRSTONE PINES DRIVE:
TALLAHASSEE FL 32301**

Name
**600 S. North Lake Blvd.
Suite 160
Altamonte Springs FL 32701**

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

1-13-03

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
FRIEDMAN, MARTIN S.
2548 BLAIRSTONE PINES DR.
TALLAHASSEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600 S. North Lake Blvd., Suite 160
Altamonte Springs, FL 32701** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Martin S. Friedman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 407-830-6331

Date

Daytime Phone #

CR2E034 (10/02)