

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90034 001 ***150.00

DOCUMENT # J63149

1. Entity Name

MARTIN APPRAISAL COMPANY, INC.

Principal Place of Business

**5620 E. FOWLER AVE
 SUITE D
 TEMPLE TERRACE FL 33617**

Mailing Address

**5620 E. FOWLER AVE
 SUITE D
 TEMPLE TERRACE FL 33617**

2. Principal Place of Business

1018 Sonata Lane

3. Mailing Address

1018 Sonata Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apollo Beach, Fl.

City & State

Apollo Beach, Fl.

4. FEI Number

59-2786493

Applied For

Not Applicable

Zip

33572

Country

USA

Zip

33572

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARTIN, WILLIAM B JR.

5620 E. FOWLER AVE

SUITE D

TEMPLE TERRACE FL 33612

7. Name and Address of New Registered Agent

Name **D**

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

1018 Sonata Lane

City **Apollo Beach**

FL

Zip Code

33572

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]

William B. Martin, Jr./President

04/16/02

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **D** ☐ Delete
 NAME **MARTIN, WILLIAM B**
 STREET ADDRESS **5620 E. FOWLER AVE, SUITE D**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617.**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **1018 Sonata Lane**
 CITY-ST-ZIP **Apollo Beach, Fl. 33572**

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

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

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TITLE ☐ 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]

William B. Martin, Jr. 4/16/02 (813) 645-9785

Date

Daytime Phone #

CR2E034 (9/01)