

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90095 023 \*\*\*\*55.00

**DOCUMENT # L01000010409**

1. Entity Name

**RNMARTIN & ASSOCIATES (FLORIDA), P.L.**

Principal Place of Business

Mailing Address

**4816 NORTH STATE RD 7  
 STE 208  
 COCONUT CREEK FL 33073-3350**

**4816 NORTH STATE RD 7  
 STE 208  
 COCONUT CREEK FL 33073-3350**

2. Principal Place of Business

**4820 N STATE RD 7**

3. Mailing Address

**4820 N STATE RD 7**

Suite, Apt. #, etc.

**APT # 304**

Suite, Apt. #, etc.

**APT # 304**

City & State

**COCONUT CREEK, FL**

City & State

**COCONUT CREEK, FL**

Zip

**33073-3349 USA**

Zip

**33073-3349 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1121743**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, RICHARD N  
 4816 N. STATE RD 7  
 STE 208  
 COCONUT CREEK FL 33073-3350**

7. Name and Address of New Registered Agent

Name **MARTIN, RICHARD N**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4820 N STATE RD 7**  
**APT # 304**  
 City **COCONUT CREEK FL** Zip Code **33073-**

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]*

**RICHARD N. MARTIN**

**REG AGENT, 8/31/2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

**MANAGER**

9. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>PRESIDENT/MANAGER</b>									
	<b>RICHARD N MARTIN</b>	<b>4820 N STATE RD 7, APT 304</b>	<b>COCONUT, CREEK, FL 33073-</b>							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**MANAGER 8/31/2002 954-426-2800**

CR2E083 (4/02)