

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90084 032 ****55.00

DOCUMENT # L01000022384



1. Entity Name
MARTIN CONSTRUCTION, LLC

Principal Place of Business: **418 JOE ANERSON ROAD DEFUNIAK SPRINGS, FL 32433 US**
Mailing Address: **418 JOE ANERSON ROAD DEFUNIAK SPRINGS, FL 32433 US**

2. Principal Place of Business: **418 Joe Anderson Road**
3. Mailing Address: **418 Joe Anderson Road**



CHECK HERE IF MAKING CHANGES

City & State: **Defuniak Springs, FL**
Zip: **32433** Country: **US**

4. FEI Number: **65-0000463**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LYDOLPH, PAUL III
2441 HIGHWAY 98 EAST
SUITE 108
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent
Name: **Martin, Gary L.**
Street Address (P.O. Box Number is Not Acceptable): **418 Joe Anderson Road**
City: **Defuniak Springs FL** Zip Code: **32433**

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: *Mary L. Martin* → *Gary L. Martin / MGRM*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, GARY L 418 JOE ANDERSON RD DEFUNIAK SPRINGS FL 32433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Mary L. Martin* → *Gary L. Martin* **REQUIRED**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date: **01-14-2003** Daytime Phone #: **(888) 219-9231**

CR2E083 (10/02)