

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-02-2003 90171 001 ***100.00

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DOCUMENT # L02000020420

1. Entity Name

MARTIN MASONRY, LLC



Principal Place of Business

1440 NOVA ROAD
SUITE 301
HOLLY HILL FL 32117

Mailing Address

1440 NOVA ROAD
SUITE 301
HOLLY HILL FL 32117

55057119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN DOUGLAS
1440 NOVA ROAD
SUITE 301
HOLLY HILL FL 32117

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
by September 24, 2003

9.

CEO

Robert D. Martin
1440 Nova Road Suite 301
Holly Hill, FL 32117

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

President

Richard K. Martin
1440 Nova Road Suite 301
Holly Hill, FL 32117

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 808, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Richard K Martin 8/28/03 2385571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)