2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9500000937				i the beautiful	
. Entity Name MARTIN AND WILKINS, L.C.			00 APR -3 AM 10: 4 1		
	AND THE WITE, E.O.			SECRETARY OF STATE	
Principal Pla	ace of Business	Mailing Address		SECRETARY OF STATE FALLAHASSEE, FLORIDA	
23100 SW 12		23100 SW 123 AVE		nldlig	
PRINCETON FL 33170 PRINCETON FL 3317046		65	1 1110		
				I TREATRIA DIE TRACT ENIA ERIIN BRIIN	1 13
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0627196 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	
ARREST TRANSPORTER TO THE TRANSP			Name		
MARTIN, WILLIAM C			Street Addres	ss (P.O. Box Number is Not Acceptable)	
23100 SW, 123 AVE PRINCETON FL 33170					
THIOLI	0141 E.00170		City	FL Zip Code	
				stered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered ag	FILE N	E. Registered Agent signature requirements OW!!! FEE IS \$50.00 Example to Department	Õ	
9.	MANAGING MEI	MBERS/MEMBERS	10.	ADDITIONS/CHANGES	
TITLE	MEM	· Delete	TITLE	8000032222	ition
NAME STREET ADDRESS	MARTINS, WILLIAM C	23109SW 128.	NAME CETREET ANDRESS	-04/25/0001046001	تر
CITY- ST-ZIP	PRINCETON C: 22002	Could's FLA ZIL	CITY-81-ZIP	*****50.00 *****50.00	
NTLE TO A TO	MEM	☐ Delete	TITLE	Ctrange Addi	ltioz
NAMEŘÍ (GD) v Btreet address	WILKING, ROTF		NAME STREET ADDRESS		}
CITY-8T-ZIP	23050-6:W:-122ND-AVE.	same	CITY- ST- ZIP		
IIILE		Serve	TITLE	Change Add	ition
NAME Btreet address			NAME		
CITY-8T-ZIP	-		STREET ANDRESS	,, ,	1
TITLE	•		STREET ADDRESS CITY-ST-ZIP	** · · · · · · · · · · · · · · · · · ·	
NAME BYREET ADDRESS		☐ Delete	CITY-8T-ZIP	Change Add	Itten
		☐ Delete	CITY-8T-ZIP TITLE NAME		Itien
		□ Delete .	CITY-8T-ZIP		ition .
CITY-8T-ZIP		□ Delete □ Delete	CITY-81-ZIP TITLE NAME STREET ADDRESS CITY-81-ZIP TITLE		
CITY-81-ZIP TITLE NAME	,		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Change Add	ition
CITY-\$T-ZIP TITLE KAME BTREET ADDRESS	,		CITY-81-ZIP TITLE NAME STREET ADDRESS CITY-81-ZIP TITLE	☐ Change ☐ Add	ition
CITY-81-ZIP TITLE Kame	, with the second secon		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐ Add	ition
CITY-ST-ZIP TITLE MAME STREET ADDRESS STY-ST-ZIP TITLE MAME	5 	☐ Deleto	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Change Add	ition
CITY-87-ZIP TITLE TAME STREET ADDRESS EITY-87-ZIP	5 	☐ Deleto	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Change Add	ition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/20/2000 305-257 2408