

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014226 AF

DOCUMENT # L95000000937

1. Entity Name
MARTIN AND WILKINS, L.C.

00 APR -3 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/18

Principal Place of Business
23100 SW 123 AVE
PRINCETON FL 33170

Mailing Address
23100 SW 123 AVE
PRINCETON FL 33170-4665



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0627196

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, WILLIAM C
23100 SW 123 AVE
PRINCETON FL 33170

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM MARTINS, WILLIAM C 23050 S.W. 122ND AVE. PRINCETON FL 33032 <i>23100 SW 123 AVE</i> <i>PRINCETON FL 33170</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003222738-3 -04/25/00--01046--001 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM WILKINS, ROY F 23050 S.W. 122ND AVE. PRINCETON FL 33032 <i>SAME</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		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: *[Signature]* **REQUIRED** *3/30/2000* 305-257 2408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)