

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002488

1. Entity Name  
MARTIN-LOPER LLC

Principal Place of Business  
2400 FEATHER SOUND DRAIVE, SUITE 628  
CLEARWATER FL 33762

Mailing Address  
2400 FEATHER SOUND DRAIVE, SUITE 628  
CLEARWATER FL 33762-3092

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3572670

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LOPER, BARRY C  
2400 FEATHER SOUND DRIVE, SUITE 628  
CLEARWATER FL 33762

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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
LOPER, BARRY C  
2400 FEATHER SOUND DRIVE, SUITE 628  
CLEARWATER FL 33762

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
MARTIN, JOSEPH D  
2929 SELENA DRIVE, UNIT F-88  
NASHVILLE TN 37211

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

X

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

X

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
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STREET ADDRESS  
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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  
BARRY C. LOPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-23-00 (727) 540-0055

CR2E083 (9/99)