

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018821 AF

DOCUMENT # L99000002488

1. Entity Name  
MARTIN-LOPER LLC

FILED

01 MAR 23 AM 10: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
2400 FEATHER SOUND DRIVE, SUITE 628  
CLEARWATER FL 33762



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 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

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS / CHANGES

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  
☐ Change ☐ Addition

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  
100003931001 ☐ Change ☐ Addition  
-03/30/01--01036--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ 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 608, Florida Statutes.

SIGNATURE: *By Barry C. Loper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-13-01 727-540-0055  
Date Daytime Phone #

CR2E083 (11/00)