

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -6 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006828**

1. Entity Name

**Martin Property Development, LLC**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**208 Cessna Drive**

Suite, Apt. #, etc.

3. Mailing Address

**208 Cessna Drive**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Daytona Beach, FL**

City & State

**Daytona Beach, FL**

4. FEI Number

**59-3635601**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**Jackie Martin mgr**

Street Address (P.O. Box Number is Not Acceptable)

**208 Cessna Drive**

City

**Daytona Beach**

**FL**

Zip Code

**32124**

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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Member **mgrm**  
**Mark A. Martin**  
**208 Cessna Drive**  
**Daytona Beach FL 32124**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Member **mgr**  
**Arlene E. Martin**  
**208 Cessna Drive**  
**Daytona Beach FL 32124**

☐ Change ☒ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

**400003279164--8**  
**06/07/00--01007--005**

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CITY - ST - ZIP

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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:

**Jackie Martin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**904-761-1795**