

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008957**

1. Entity Name **MARTHA JO'S PROPERTIES, LLC**

Principal Place of Business

Mailing Address

6021 NW 1ST PLACE

GAINESVILLE, FL 32607

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

59-3615521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 NOV -6 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRASINGTON + NARDI, PA

Name

6021 NW 1ST PLACE

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

GAINESVILLE, FL 32607

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

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **BRASINGTON + NARDI, PA** ☐ Delete
STREET ADDRESS **CO-OWNERS**
CITY-ST-ZIP **6021 NW 1ST PLACE**
GAINESVILLE, FL 32607

TITLE NAME **M+S BANK** ☐ Change ☒ Addition
STREET ADDRESS **PO BOX 5278**
CITY-ST-ZIP **GAINESVILLE FL 32627-5278**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **600004688806--5**
CITY-ST-ZIP **11/20/01-0100-002**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *******50.00 *****50.00**
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Charles F. Nardi

CHARLES F. NARDI, MD

10/22/01

352331-1902

CR2E083 (5/01)

STAPLE CHECK HERE