2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86309

1. Entity Name

DANIEL F. MARTINEZ II, P.A.

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90155 039 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4144 N ARMENIA AVE STE 300 TAMPA FL 33607 US	4144 N ARMENIA AVE STE 300 TAMPA FL 33607-6435 US

2. Principal Place of Business	3. Mailing Address
9119 CORPORATE LAKE DR.	P.O. BOX 20523
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.:
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33634 Country: USA	Zip: 33622-0523 Country: USA

4. FEI Number 59-2907893 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, DANIEL F II
4144 N ARMENIA AVE
STE 300
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 9119 CORPORATE LAKE DRIVE

SUITE 300

City TAMPA **FL** Zip Code 33634

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MARTINEZ, DANIEL F., II 4144 N ARMENIA AVE STE 300 TAMPA FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9119 CORPORATE LAKE DR., STE 300 TAMPA, FLORIDA 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pres. DANIEL F. MARTINEZ, II 4/19/00 (813)342-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #