

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90147 003 ***150.00

0424106 AV

DOCUMENT # M95572

1. Entity Name

J.D. MARTINEZ INVESTMENT, INC.

Principal Place of Business

**2700 N. MACDILL AVE.
 SUITE 211
 TAMPA FL 33607**

Mailing Address

**2700 N. MACDILL AVE.
 SUITE 211
 TAMPA FL 33607**

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

59-2902853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MARTINEZ, J.D.
 7507 WEST HENRY
 TAMPA FL 33615**

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

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, 2002 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 **PD** ☐ Delete
 NAME **MARTINEZ, J.D.**
 STREET ADDRESS **7507 W HENRY AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME **4449 Carrollwood Village Dr**
 STREET ADDRESS **Tampa FL 33624**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **GONZALEZ, MARC E**
 STREET ADDRESS **7507 W HENRY AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME **4449 Carrollwood Village Dr.**
 STREET ADDRESS **Tampa FL 33624**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **ENDICOTT, KENNETH G**
 STREET ADDRESS **4011 NORTH B. ST.**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Change ☐ Addition
 NAME **8401 Boxwood Ct.**
 STREET ADDRESS **Tampa FL 33615**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 reports 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

J.D. Martinez
 J.D. Martinez

02/28/02
 Date

813-877-3298
 Daytime Phone #

CR2E034 (9/01)