

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90098 032 ****61.25

0023715

DOCUMENT # N00000003300

1. Entity Name

RON AND MARTY, INC.

Principal Place of Business

936 LEMON BLUFF ROAD
 OSTEEN FL 32764

Mailing Address

936 LEMON BLUFF ROAD
 OSTEEN FL 32764

2. Principal Place of Business

*Tampa, State
 Park, 2099 N. Beach St.*

3. Mailing Address

1817 Water Oak Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach FL

City & State

Bunnell FL

Zip

32174

Country

USA

Zip

32110

Country

USA

4. FEI Number

59-3648094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIAN, RONALD W	
STREET ADDRESS	936 LEMON BLUFF ROAD	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JACOBY, MARTIN A	
STREET ADDRESS	936 LEMON BLUFF ROAD	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIAN, PAULA L	
STREET ADDRESS	936 LEMON BLUFF ROAD	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOBY, NANNETT M	
STREET ADDRESS	936 LEMON BLUFF ROAD	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBY, Martin A	
STREET ADDRESS	1817 Water Oak Rd	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBY, Nannette	
STREET ADDRESS	1817 Water Oak Rd	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bacon, Kathleen	
STREET ADDRESS	1817 Water Oak Rd	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martin A. Jacoby 3/19/01 904-671-2774

CR2E037 (10/00)