2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

SUSTAINABLE MARTIN ALLIANCE, INC.

DOCUMENT # N0100002411



**FILED** May 12, 2003 8:00 am Secretary of State

05-12-2003 90233 002 \*\*\*\*61.25

	₹/					
Principal Place of Business	Mailing Address					
2062 SW RACQUET CLUB DRIVE PALM CITY FL 34990	2062 SW RACQUET CLUB DRIVE PALM CITY FL 34990					
2. Principal Place of Business 1299 SW Jasmue Terrace	asmine terraco 3. Mailing Address Jasmine Terraco					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State	Palm Cou Fr	City & State  Which FL		4. FEI Number 65-1041134		
Zip 3 4930 Country S.A.	Zip 34990 Co	USA_	5. Certificate of Status		3.75 Additional Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
RANIERI, STACY W 2062 SW RACQUET CLUB DRIVE PALM CITY FL 34990		Name  Street Address (P.O. Box Number is Not Acceptable)				
		City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	
8. The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its registe	red office or registere	ed agent, or both, in the	State of Florida. I am fam	illar with, and accept	
SIGNATURE		· .				
Signature, typed or printed name of registered agent an	when reinstating) DATE					
FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	~ —	\$5.00 May Be Added to Fees	Make Check F Florida Departm	•	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change LIPPISCH, SHARON MICHELLE GOLDEN NAME NAME STREET ADDRESS 22 S SEWALLS POINT ROAD STREET ADDRESS 99 Sw Jasmine Terrace CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP alm Cuty Delete . Change TITLE TITLE SUDORE, GAIL NAME NAME STREET ADDRESS 1129 ALAMANDA LANE STREET ADDRESS CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE J. DAVID GIRLINGHOUSE NAME NAME 3203 NE MAPLE AVENUE STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.

SIGNATURE: