2002 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
May 24, 2002 8:00 am
Secretary of State
03-22-2002 90067 023 ****70.00

DOCUMENT # N01000003897

1. Entity Name

MARTIN COUNTY PARADE OF TURTLES, INC.

Principal Place of Business	Mailing Address
1045 E OCEAN BLVD. SUITE 5 STUART FL 34996	1045 E OCEAN BLVD. SUITE 5 STUART FL 34996

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1045 E. OCEAN BLVD	SAME
Suite, Apt. #, etc.: 5	Suite, Apt. #, etc.
City & State: STUART FLORIDA	City & State
Zip: 34996 Country: USA	Zip / Country

4. FEI Number: 65-1149068 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, PORTIA B 1045 E OCEAN BLVD, SUITE 5 STUART FL 34996	Name: SAME 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SANDRA SCHOCK 3333 SE FAIRWAY EAST STUART, FLORIDA 34997 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DOROTHY WHARTON 3511 FAIRWAY, WEST STUART, FLORIDA 34997 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER PORTIA B. SCOTT 1045 E OCEAN #5 STUART, FLORIDA 34996 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVICE-PRES. NANCY HUMPHILL 1829 SE AIRPORT ROAD STUART, FLORIDA 34996 ☐ 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

CR2E037 (9/01)

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: [illegible] REQUIRED 1-7-02 5612870096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #