

9/12/01-90004-045-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 24 AM 9:03



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------------------------------|---|--|
| DOCUMENT # P00000024519 | | | |
| 1. Entity Name SAINT MARTIN ENTERPRISES, INC | | | |
| Principal Place of Business 756 94TH AVE. N NAPLES FL 34108 | | Mailing Address 756 94TH AVE. N NAPLES FL 34108 | |
| 2. Principal Place of Business 451 West Avenue Suite, Apt. #, etc. | | 3. Mailing Address 451 West Avenue Suite, Apt. #, etc. | |
| City & State Naples, FL Zip 34108 Country | | City & State Naples, FL Zip 34108 Country | |
| 4. FEI Number 59-3624873 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARTIN, FRANKLIN L 756 94TH AVE. N NAPLES FL 34108 | | 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 Frank Martin (President) Frank Martin 9/7/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 President Frank Martin 451 West Avenue Naples, FL 34108 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP President Frank Martin 451 West Ave Naples, FL 34108 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 life empowered. | | | |
| SIGNATURE: Frank Martin (Frank Martin) | | 9/7/01 941-253-6132 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

CR2E034 (5/01)