2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000035387

1. Entity Name MARTIN SEMINARS, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90168 025 ***150.00

					A SERVICE	´			
Principal Place of Business 4080 GREEN TREE AVENUE SARASOTA FL 34233		4080	Mailing Address 4080 GREEN TREE AVENUE SARASOTA FL 34233				C HARAINER HA NIKH NONK KANA NEKH ARAH NÈKE		
2. Principal I	Place of Business	3. Mail	3. Mailing Address						
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State		City	City & State				FEI Number 65-0994579 ~		pplied For
Zip	D Country		Zip Coun		ry 5.		Certificate of Status Desired	\$8.75 Ac	Iditional
	6. Name and Address of Curr	rent Registere	d Agent			7.	Name and Address of New Registered		
	ga pertensi yang managan yang m				Name	- ~			····
	Lavonne Een tree avenue		Street Addre			s (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34233				F					
0.110.001					City		FL	Zip Cod	de
8. The above the obligation	e named entity submits this stateme tions of registered agent.	nt for the purpo	ose of changing its	s registered	d office or regist	ered ag	gent, or both, in the State of Florida. I am	familiar with	, and accept
SIGNATURE							·		
	Signature, typed or printed name of registered a	agent and title if appl	icable. (NOT	TE: Registered	Agent signature requir	ed when re	einstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS A	ND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	IS IN 11
TITLE	PD		☐ Delete	TITLE				☐ Change	. Addition
NAME	MARTIN, LAVONNE			NAME					
STREET ADDRESS 4080 GREEN TREE AVENUE SARASOTA FL 34233					T ADDRESS ST-ZIP				,
TITLE	OANAOUTA FL 34233				51-2IF				
NAME			☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	·				T ADDRESS				
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STREET ADDRESS				STREET	ADDRESS				.
CITY-ST-ZIP				CITY-S	T-ZIP				
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME				NAME					
STREET ADDRESS CITY-ST-ZIP		*			ADDRESS				
OTT TOT ZIF				CITY-S	1-414				

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 607, 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:

CR2E034 (10/02)