## -2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000050578 1. Entity Name 05-16-2001 90257 001 \*\*\*150.00 Martha K. Inc. Principal Place of Business Mailing Address 256 CHIPOLA COVE 89990739 256 CHIPOLA COVE **DESTIN FL 32541** DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zipi Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KILPATRICK, MARTHA E Street Address (P.O. Box Number is Not Acceptable) 256 CHIPOLA COVE **DESTIN FL 32541** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME KILPATRICK, MARTHA E NAME STREET ADDRESS 256 CHIPOLA COVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Delete ☐ Change ■ Addition TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 🔨 CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

May 16, 2001 8:00 am<sup>§</sup> Secretary of State

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

SIGNATURE: ///