

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90149 021 \*\*\*550.00

**DOCUMENT # P00000075775**

1. Entity Name  
**TINMAR FOUR, INC.**

Principal Place of Business  
**329 PORTREE DRIVE  
 DUNEDN FL 34698**

Mailing Address  
**245 MATAWAN AVENUE  
 MATAWAN NJ 07747**

2. Principal Place of Business

3. Mailing Address

**26 WHITE SWAN WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BRICK N.J.**

4. FEI Number

**89-3664650**

Applied For

Not Applicable

Zip

Country

Zip  
**08723**

Country

**USA.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name  
**HARRIET F MARTIN**

Street Address (P.O. Box Number is Not Acceptable)

**329 PORTREE DR**

City

**DUNEDIN**

**FL**

Zip Code

**34698**

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 *Harriet Martin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD  
 MARTIN, ROBERT P  
 329 PORTREE DRIVE  
 DUNEDN FL 34698** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SVD  
 MARTIN, HARRIET F  
 329 PORTREE DRIVE  
 DUNEDN FL 34698** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD  
 MARTIN, ROBERT P.  
 26 WHITE SWAN WAY  
 BRICK N.J. 08723** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 CITY-ST-ZIP  
☐ Change ☐ 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 like empowered.

SIGNATURE: *Robert P. Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-10-01 732-451-0706**

Date

Daytime Phone #

CR2E034 (5/01)