05-10-2001 90181 040 ***150.00

200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000078032

1. Entity Name

MARTHA FITZGERALD, INC.

Pri	incip	oal	Place	of	Busines	S
600	CIA	14	COLIE	+		

FT LAUDERDALE FL 33315

Mailing Address

-622-SW-14-COURT... -FT-LAUDERDALE FL-60015

2. Principal Place of Business	3. Mailing Address 384/ N. FEDEN	HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.	****



DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Zip Country \$8.75 Additional Fee Required ---- 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent MAHONEY, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 3801 N FEDERAL HWY POMPANO BEACH FL 33064 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

11.	OTTICENS AND BINECTONS			12: ADDITIONS/CHANGES TO OFFICERS AND			211111
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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 of 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:

Motha E Itherald

Manala F

F KLABAMP

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134-52-115

Daytime Phone #