

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

01-21-2003 90079 030 ***158.75

DOCUMENT # P0000083931



1. Entity Name
LAW OFFICE OF MATTHEW Z. MARTELL, P.A.

Principal Place of Business
**677 N. WASHINGTON BLVD
SUITE 1A
SARASOTA FL 34236
US**

Mailing Address
**P.O. BOX 50601
SARASOTA FL 34232**

80007221



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**677 N. Washington Blvd.
Suite, Apt. #, etc.
Suite 1A**

CHECK HERE IF MAKING CHANGES

City & State

City & State
Sarasota, FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip Country

Zip Country
34236 U.S.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTELL, MATHEW Z
677 N WASHINGTON BLVD, SUITE 1A
SARASOTA FL 34236**

Name
Martell, Matthew Z.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD <input type="checkbox"/> Delete
NAME	MARTELL, MATTHEW Z
STREET ADDRESS	27 FLETCHER AVENUE
CITY-ST-ZIP	SARASOTA F; 34237
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martell, Matthew Z.
STREET ADDRESS	677 N. Washington Blvd., Ste 1A
CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martell, Matthew Z.
STREET ADDRESS	677 N. Washington Blvd., Ste 1A
CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Matthew Z. Martell* **1-6-03** **941-952-5814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)