

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91301 038 ***150.00

DOCUMENT # P00000103611

1. Entity Name
MARTRILDONNO DESIGNS, INC.

Principal Place of Business

**2038 MARINA ISLE COVE
 GENEVA FL 32732**

Mailing Address

**2038 MARINA ISLE COVE
 GENEVA FL 32732**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip*

Country

3. Mailing Address

P.O. Box 95

Suite, Apt. #, etc.

GENEVA FL

City & State

Zip

Country

32732 SEMINOLE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3684490

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTRILDONNO, HALINA ADAMSKI
 2038 MARINA ISLE COVE
 GENEVA FL 32732**

7. Name and Address of New Registered Agent

Name **COLETTE SUISSA**

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

1750 WILLA CIRCLE

City

WINTER PARK FL

Zip Code

32792

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)

DATE

4-26-02

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 \$150.00

After May 1, 2002 Fee will be \$550.00

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 **PSD** Delete
 NAME **MARTRILDONNO, HALINA ADAMSKI**
 STREET ADDRESS **POST OFFICE BOX 95**
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE **VT** Delete
 NAME **MARTRILDONNO, PAUL J**
 STREET ADDRESS **POST OFFICE BOX 95**
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** Change Addition
 NAME **SUISSA, COLETTE**
 STREET ADDRESS **PO BOX 867**
 CITY-ST-ZIP **GOLDENROD FL 32733-0867**

TITLE **VT** Change Addition
 NAME **SUISSA, COLETTE**
 STREET ADDRESS **PO BOX 867**
 CITY-ST-ZIP **GOLDENROD FL 32733-0867**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-02 407-349-0303

CR2E034 (9/01)