

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90884 039 ***150.00

DOCUMENT # P00000105639

1. Entity Name

ORLANDO MARTINEZ ENT. INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2310 US NORTH 27

Suite, Apt. #, etc.

3. Mailing Address

2310 U.S. NORTH 27

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEBRING, FL

City & State

SEBRING, FL

4. FEI Number

65-1050511

Applied For

Not Applicable

Zip

33870

Country

U.S.A.

Zip

33870

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ORLANDO MARTINEZ

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

378 PENINSULAR COURT

City

HAINES CITY,

FL

Zip Code

33844

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
ORLANDO MARTINEZ
378 PENINSULAR COURT
HAINES CITY FL 33844

TITLE
NAME
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CITY - ST - ZIP

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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 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 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 #

CR2E034B (12/01)