

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90340 023 \*\*\*150.00

**DOCUMENT # P01000056807**

1. Entity Name  
~~WINDOW REPLACEMENT PROFESSIONALS, INC.~~

*Martini Marketing, INC*

NIC  
 FLD  
 7/11/02  
 HAM

Principal Place of Business  
~~5203 CEDARBEND DRIVE UNIT 4~~  
~~FORT MYERS FL 33919~~

Mailing Address  
 PO BOX 07428  
 FORT MYERS FL 33919



2. Principal Place of Business  
*1220 Osceola Drive*

3. Mailing Address  
*same*

City & State  
*Ft. Myers, FL*

City & State

4. FEI Number  
*65-1111575*

Applied For  
 Not Applicable

Zip  
*33901*

Country  
*Lee*

Zip

Country

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

**6. Name and Address of Current Registered Agent**

MARTINI, LARRY C  
~~5203 CEDARBEND DRIVE UNIT 4~~  
 FORT MYERS FL 33919

**7. Name and Address of New Registered Agent**

Name  
*LARRY C Martini*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1220 Osceola Drive*  
 City  
*Ft. Myers* FL Zip Code  
*33901*

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 *[Signature]* (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 \$650.00**  
**After September 13, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINI, LARRY C</b>	
STREET ADDRESS	<b>PO BOX 07428</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/18/02 (239) 740-5416*

Date Daytime Phone #

CR2E034 (4/02)