

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-23-2002 90340 023 ***150.00

DOCUMENT # **P01000056807**

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

Martini Marketing, INC

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
 City & State

4. FEI Number
65-1111575

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

State
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.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINI, LARRY C PO BOX 07428 FORT MYERS FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

Date: *7/19/02* (239) 940-5416

Daytime Phone #

CR2E034 (4/02)