2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State P01000068919 **DOCUMENT #** 05-19-2002 90254 006 ***150.00 1. Entity Name MARTINI CLUB INC. Mailing Address Principal Place of Business 2388 WATROUS DR 520 DOUGLAS AVE DINEDIN EL 34698 DUNEDIN FL 34698 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable ~ □\$8.75TÆditional Country Country 5. Certificate of Status Desired Zip -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEADOWS, CHRISTOPHER N= Street Address (P.O. Box Number is Not Acceptable) 2388 WATROUS DR DUNEDIN FL 34698 Zip Code $m{q}$ for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURI (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE Owner Christopher Meadows ☐ Delete TITLE 2388 Wastrous Dr STREET ADDRESS STREET ADDRESS Dunedin FL 346A8 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE

C Oelete

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.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

FILED Jun 16, 2002 8:00 am