2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Feb 24, 2002 8:00 am Secretary of State DOCUMENT # P01000072525 1. Entity Name 02-24-2002 90017 010 ***150.00 MARTIN ENTERPRISES USA, INC. Principal Place of Business Mailing Address 243 W. PARK AVE., SUITE 201 243 W. PARK AVE., SUITE 201 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LARSEN, ERIK C 243 W. PARK AVE., SUITE 201 WINTER PARK FL 32789 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Addition TITLE Delete NAME NAME MARTIN, TIM STREET ADDRESS STREET ADDRESS ROSEBANK, PETROCKSTOW OAKEHAMPTON, DEVON CITY-ST-ZIP CITY-ST-ZIP **ENGLAND EX20 3EY** ☐ Delete TITLE TITLE D NAME NAME MARTIN, JULIE STREET ADDRESS STREET ADDRESS ROSEBANK, PETROCKSTOW OAKEHAMPTON, DEVON CITY-ST-ZIP CITY-ST-ZIP **ENGLAND EX20 3EY** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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