
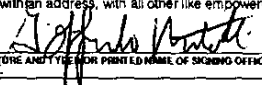


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90824 001 ***300.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000074244					
1. Entity Name MARTELLI HOMES, INC.					
Principal Place of Business 3905 SW 6TH AVENUE OCALA, FL 34475			Mailing Address 3905 SW 6TH AVENUE OCALA, FL 34475		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number -65-1140779			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KING, ALLAN 1531 S.E. 36TH AVE OCALA, FL 34471			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when submitting) DATE</small>					
FILE NOW WITH FEE IS \$150.00 After May 17, 2003, Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	<input type="checkbox"/> Delete				
NAME	MARTELLI, GOFFREDO				
STREET ADDRESS	3905 SW 6TH AVENUE				
CITY-ST-ZIP	OCALA, FL 34475				
TITLE	<input type="checkbox"/> Delete				
NAME	MARTELLI, LEONARDO				
STREET ADDRESS	18 COUNT FLEET DRIVE				
CITY-ST-ZIP	OCALA, FL 34482				
TITLE	<input type="checkbox"/> Delete				
NAME	MARTELLI, SALVATORE				
STREET ADDRESS	43 BORDEN PLACE				
CITY-ST-ZIP	LITTLE SILVER, NJ 07729				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
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					
11. 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				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/11/03 (352) 732-4411					
<small>SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/02)