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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUI	*	#P01000	D74887									
Principal Place of Business Mailing Address							4000	(22)	$\supset \supset p$. 79	a	
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2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	City & State			CHECK HERE IF	MAKING C		plied For	1	
City & State							CO 0744070			Applicable]	
Zip	Zip Country		Zip	Zip Coun		5. Certificate of Status Desired Fee Requi						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent											1	
MADTIN 15				Name					-			
MARTIN, JOSEPH R 3410 LINDSEY ST							Street Address (P.O. Box Number Is Not Acceptable)					
DOVER, FL 33627				•			ox unitides is not viccebianie)					
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					City			FL	Zip Cod		-	
B. The shows	named entit	he authorita this state	ment for the purpose of chenning its	registes		-c1 -c4	and or both in the State of Flori				ł	
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, Synator primed harms of degree and signature and side of adjuicable. (NOTE Pages aired Agent is ignoring anypring when directing) CATE												
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FILE NOW) FES IS \$150.00 After May 1: 2003 Fee will be \$650.00 s Amended UBR is \$61.26 s EMBKe Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution.		\$5.0 Added	May Be to Fees		
10.	NAMES OF TAXABLE PARTY.	OFFICER	IS AND DIRECTORS	11.		ADI) DITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 11	1	
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12. I hereby of indicated	entify that the	e information suppl it or supplemental i	led with this filing does not qualify for eport is true and accurate and that n	the exe	mption stated in Se ture shall have the	ction 1	19.07(3)(i), Florida Statute 11	iunther centify hth; that I am	that the it	nformation or director	ŀ	
of the cor	poration or to	he receiver or truste achinent with an en	e empowered to execute this report dress, with all other like empowered.	as requ	red by Chapter 607	Floric	da Statutes; and that my name	appears in E	lock 10 o	Block 11 if	[
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SIGNAT	URE: _	LIM	upuu		<u> </u>			DOM.	LIV	V		
		STATISE AND TY	PED OR PRINTED NAME OF BROWING OFFICER	OR DIREC	тоя		O.ess	Chays	ine Phone #		J	

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J. R. MARTIN, INC. P. O. Box 90 Dover, Florida 33527 (813) 240-5787

September 12, 2003

Florida Department of State Division of Corporations Tallahassee Florida

RE: J R Martin, Inc. P01000074887

Dear Sir/Madam:

Again this year I have received no paperwork for the corporate annual filing. It was not until my CPA asked where My corporate papers were that I became aware I had not received anything.

I called your office and was told to fill out the form from the internet and send a letter stating that I had not received the form and send \$150.00.

Please accept my money order of the fee and the downloaded form which is enclosed.

Sincerely,

Joseph R. Martin, President