

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

FILED

DOCUMENT # **P01000103054**  
1. Entity Name  
**R.E. MARTIN ENTERPRISES II, INC.**

02 AUG -1 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>307 62nd Avenue North</b>	3. Mailing Address <b>307 62nd Avenue North</b>
Suite, Apt. # etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>St. Petersburg, Florida</b>	City & State <b>St. Petersburg, Florida</b>	4. FEI Number <b>05-0522258</b>	Applied for <input type="checkbox"/>
Zip <b>33702</b>	Country <b>U.S. A.</b>	Zip <b>33702</b>	Country <b>U.S. A.</b>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name <b>Martin, Richard E.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>307 62nd Avenue North</b>
City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33702</b>

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

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 (See criteria on back) <input type="checkbox"/>	<p><b>January 1 - May 1 Fee is \$150.00</b>  <b>After May 1, Fee is \$550.00</b>  <b>Amended UBR is \$61.25</b>  <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 may be added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPST</b>	NAME <b>Martin, Richard E.</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>307 62nd Avenue North</b>	CITY-ST-ZIP <b>St. Petersburg, Florida 33702</b>	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**R.E. Martin Enterprises II, Inc.**

SIGNATURE: By: Richard Martin III      **Richard E. Martin**      **7-25-02**      **(727) 525-8833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

08/21/02