

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

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90093 005 ***150.00

DOCUMENT # P01000108367

1. Entity Name

G. O. Martin, P.A.

DO NOT WRITE IN THIS SPACE

980346

2. Principal Place of Business

117 Bastille Ct.

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Williamsburg, VA

City & State
Kissimmee, FL

4. FEI Number
54-2058638

Applied For
Not Applicable

Zip
23185

Country
USA

Zip
34744

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Harry J. Swartz, CPA

Street Address (P.O. Box Number is Not Acceptable)
717 E. Oak Street

City Kissimmee **FL** **Zip Code** 34744

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
D, P, S, T.
NAME
George O. Martin
STREET ADDRESS
117 Bastille Ct.
CITY-ST-ZIP
Williamsburg, VA 23185

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

President

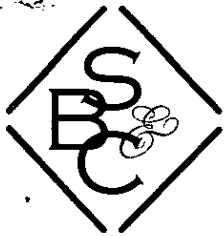
9/9/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



Attachment *980346*
PO1000108367
SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS ♦ BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA
ANDY J. BAUMRUK, CPA

September 6, 2002

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Annual Report
G. O. Martin, P.A.

To Whom It May Concern:

Our client, G. O. Martin, P.A., was incorporated on November 5, 2001. This being their first year of existence, they were unaware of the filing requirements to keep their corporation active and to their knowledge they did not receive the Annual Report form.

Attached is a completed Annual Report for the year 2002 we prepared on their behalf and their payment of \$150.00. We ask that you abate the penalty for the reasons stated above.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Andy J. Baumruk, CPA

Enclosures