

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-14-2003 90207 038 ***150.00

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1. Entity Name
PAUL MARTIN CONSTRUCTION, INC.

Principal Place of Business
**1204 DRILL AVENUE NE
PALM BAY FL 32907**

Mailing Address
**1204 DRILL AVENUE NE
PALM BAY FL 32907**



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

59-3759552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, PAUL K IV
1204 DRILL AVENUE NE
PALM BAY FL 32907**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, PAUL K IV	
STREET ADDRESS	1204 DRILL AVENUE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Paul K IV	
STREET ADDRESS	1204 Drill Avenue NE	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Stephanie	
STREET ADDRESS	1204 Drill Avenue NE	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	1st VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, Tim	
STREET ADDRESS	1101 Palo Alto Drive	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	2nd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Long, Steven Douglas Jr	
STREET ADDRESS	1471 Dozier Circle SE	
CITY-ST-ZIP	Palm Bay, FL 32909	
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:

SIGNATURE REQUIRED
PAUL MARTIN IV

Date

Daytime Phone #

1/13/03

(321)
953-4927

CR2E034 (10/02)