FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90290 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20038519

DOCUMENT # P02000036513

1. Entity Name
MARTIN'S SUPPORT HOUSING, INC.

Principal Place of Business
11403 WARWICK POINT DR, #204
BRANDON, FL 33511

Mailing Address
11403 WARWICK POINT DR, #204
BRANDON, FL 33511

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 4623 W. BAY TO BAY BLVD
Suite, Apt. #, etc.
City & State: TAMPA, FL
Zip: 33629 Country: USA

3. Mailing Address: 4623 W. BAY TO BAY BLVD
Suite, Apt. #, etc.
City & State: TAMPA, FL
Zip: 33629 Country: USA

4. FEI Number: 37-1426484 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MARTIN, W. MAURICE
11403 WARWICK POINT DR, #204
BRANDON, FL 33511

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4623 W. BAY TO BAY BLVD.
City TAMPA FL Zip Code 33629

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] 04.17.03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, W. MAURICE 11403 WARWICK POINT DR, #204 BRANDON, FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4623 W. BAY TO BAY BLVD TAMPA, FL 33629
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, YVONNE V 11403 WARWICK POINT DR, #204 BRANDON, FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4623 W. BAY TO BAY BLVD TAMPA, FL 33629
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CR2E034 (10/02)

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] 04.17.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #