

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90071 042 ***150.00

DOCUMENT # P02000038606

1. Entity Name

MARTIN GROUP & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 541

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 541

Suite, Apt. #, etc.

City & State
ZELLWOOD FL

City & State
ZELLWOOD FL

4. FEI Number

010673780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Registered Agent

Name

A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City **MIAMI**

FL

Zip Code
33131

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

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

PAUL SMITH, Vice President

(NOTE: Registered Agent signature required when reinstating)

01-14-2003

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARTIN, WARREN DALE
P.O. BOX 541
ZELLWOOD FL 32798**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MARTIN, NELWYN
P.O. BOX 541
ZELLWOOD FL 32798**

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**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)(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:

WARREN DALE MARTIN, DIRECTOR

1/6/03

407-814-7079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)