

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0115366 AV

DOCUMENT # P02000065681

1. Entity Name  
R MARTIN INSTALLATIONS INC.



FILED  
CLERK OF STATE  
DIVISION OF CORPORATION  
03 AUG 15 AM 11:46

Principal Place of Business  
13555 TEXAS WOODS CIRCLE  
ORLANDO FL 32824

Mailing Address  
13555 TEXAS WOODS CIRCLE  
ORLANDO FL 32824



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

16-1630726

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, REX  
13555 TEXAS WOODS CIRCLE  
ORLANDO FL 32824

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MARTIN, REX P  
13555 TEXAS WOODS CIRCLE  
ORLANDO FL 32824 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700022341057  
08/15/03--01006--003 ☐ \$550.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MARTIN, LINDA F V P  
13555 TEXAS WOODS CIRCLE  
ORLANDO FL 32824 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/2003

Date

Daytime Phone #

CR2E034 (10/02)