

DOCUMENT # P03000113105

PETER D. MARTOIS, INC.



Mar 16, 2007 08:00 A
Secretary of State

Principal Place of Business	Mailing Address
2610 STERN DRIVE EAST ATLANTIC BEACH FL 32233	2610 STERN DRIVE EAST ATLANTIC BEACH FL 32233

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE		CR2E034 (10/06)	
4. FBI Number	43-2034988	Applied For	
		Not Applicable	

6. Name and Address of Current Registered Agent	
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7. Name and Address of New Registered Agent

STRONG, RONALD 16 SEMINOLE ROAD ATLANTIC BEACH FL 32233	Name
	Street Address
	City

P.O. Box Number is Not Acceptable)

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 re-installing)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
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TITLE	P	<input type="checkbox"/> Delete
NAME	MARTOIS, PETER D	
STREET ADDRESS	2610 STERN DRIVE EAST	
CITY- ST- ZIP	ATLANTIC BEACH FL 32233	

DATE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	U00000669026	
STREET ADDRESS	03/27/07-80055-005 150.00	
CITY - ST - ZIP		

UNIT	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

STREET ADDRESS	
CITY, ST, ZIP	
STATE	
COUNTRY	
TELEPHONE	
FAX	
EMAIL	
DATE	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
STATE	
COUNTRY	
TELEPHONE	
FAX	
EMAIL	
DATE	

TITLE: NAME: STREET ADDRESS: CITY, STATE, ZIP:	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone: