

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27531

1. Entity Name

MARTHA FROMM ENTERPRISES, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90032 026 ***150.00

Principal Place of Business

Mailing Address

1507 20TH ST.
VERO BEACH FL 32960
US

1507 20TH STREET
VERO BEACH FL 32960-3563
US

2. Principal Place of Business

1505 20th St.

3. Mailing Address

1505 20th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip
32960

Country
US

Zip
32960

Country
US

4. FEI Number

39-1581792

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

FROMM, MARTHA E.
1509 20TH ST.
VERO BEACH FL 32960

Name

FROMM, MARTHA E.

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

1505 20th St

City

VERO BEACH

FL

Zip Code

32960

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

Martha E. Fromm

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FROMM, MARTHA E.
STREET ADDRESS 409 MAIN STREET
CITY-ST-ZIP EAU CLAIRE WI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martha E. Fromm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment
#P27531
A0047752

Please be advised that
we are moving.

Effective immediately,
our new mailing
address is.

P.O. Box 2586

Vero Beach, FL 32960

Please direct all mail to
this address starting
now to ensure proper
credit to your account.