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

Sep 05, 2003 8:00 am Secretary of State 2003 DOCUMENT # P920000011/2 09-05-2003 90115 041 ***150.00 MARTIN FINANCIAL SERVICES IXX. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 100 WEST CAMINOREAL 1700 WIST CHANNO FIX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 400 City & State City & State 4. FEI Number Applied For 306A Not Applicable \$8.75 Additional Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61,25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. MAITIN ILER SMOUTHS CR2E034B (12/01) TITLE MOO WEST CHAINO REAL #400 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DITE THIE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CRAIG J. HOROWITZ P9200001112
CERTIFIED PUBLIC ACCOUNTANT

3300 UNIVERSITY DRIVE SUITE 904 CORAL SPRINGS, FL. 33065 TEL (954) 752-6281 FAX (954) 755-8672 E-MAIL CRAIGCPA79@AOL.COM MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTAN TS

RE: Martin Financial Services, Inc.

Enclosed please find the 2003 UBR. The reason why this form is being mailed in an untimely manner is because the above referenced taxpayer relocated his office's and the preprinted UBR form never reached him. Once realizing this situation he instructed me to prepare a 2003 UBR on a blank form.

Please except the enclosed check for \$150.00. Be advised that this taxpayer has been in business for many years and has never been late on any filings in the past.

Thank you for your consideration in this matter.

Very sincerely

Craio d. Horowi