

2002 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # P92000008716

1. Entity Name

R. KIMBER MARTIN, P.A.

Principal Place of Business

 1777 TAMAMI TRAIL
 SUITE 200
 PORT CHARLOTTE FL 33948
 US

Mailing Address

 1777 TAMAMI TRAIL
 SUITE 200
 PORT CHARLOTTE FL 33948
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

 MARTIN, R. KIMBER
 1777 TAMAMI TRAIL
 SUITE 200
 PORT CHARLOTTE FL 33948

4. FEI Number

65-0372686Applied For
Not Applicable5. 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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

 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 \$150.00After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete
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 CITY-ST-ZIP
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 Change Addition
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 Delete
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 NAME
 STREET ADDRESS
 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: *Robert Kimber Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 5 '02 941 743 2990

Date

Daytime Phone #

0486648
AV
**FILED
Jan 14, 2002 8:00 am
Secretary of State**

01-14-2002 90055 043 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)