

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012634

1. Entity Name

DEMARTINI & ASSOCIATES, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90062 040 \*\*\*150.00

Principal Place of Business

Mailing Address

410 MARSHALL ST  
SAFETY HARBOR FL 34695-2106  
US

410 MARSHALL ST.  
SAFETY HARBOR FL 34695-2106  
US

2. Principal Place of Business

3. Mailing Address

2963 Gulf to Bay Blvd

2963 Gulf to Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 310

Suite 310

City & State

City & State

Clearwater, FL

Clearwater, FL

Zip

Country

Zip

Country

33759

USA

33759

USA

6. Name and Address of Current Registered Agent

4. FEI Number 59-3171716

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DEMARTINI, RICK  
410 MARSHALL ST.  
SAFETY HARBOR FL 34695-2106

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 \$150.00  
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	DEMARTINI, RICK	410 MARSHALL ST.	SAFETY HARBOR FL 34695-2106	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Demartini

4/27/01 727-669-7000

Date

Daytime Phone #

CR2E034 (10/00)