

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90022 018 ***150.00

DOCUMENT # P93000018749

1. Entity Name

MISS MARTI, INC.

Principal Place of Business

Mailing Address

3114 THOMAS DR
 PANAMA CITY BEACH, FL
 32408

SAME

A0042034

2. Principal Place of Business

3114 THOMAS DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY FL

City & State

4. FEI Number

59-3233915

Applied For

Not Applicable

Zip

Country

32408

FL

Zip

Country

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

NEWTON, MARTHA L.
 3114 THOMAS DR.
 PANAMA CITY, FL 32408

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 \$150.00
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 ☐ Delete
 NAME ~~VP~~
 STREET ADDRESS NEWTON, MARTHA L.
 CITY-ST-ZIP 3114 THOMAS DR.
 PANAMA CITY BEACH, FL 32408

TITLE ☒ Change ☐ Addition
 NAME VP
 STREET ADDRESS MARTHA L. NEWTON
 CITY-ST-ZIP 3114 THOMAS DR.
 PANAMA CITY FL 32408

TITLE ☐ Delete
 NAME ~~VP~~
 STREET ADDRESS NEWTON, SAMUEL T.
 CITY-ST-ZIP 3114 THOMAS DR.
 PANAMA CITY BEACH, FL 32408

TITLE ☒ Change ☐ Addition
 NAME P
 STREET ADDRESS SAMUEL T. NEWTON
 CITY-ST-ZIP 3114 THOMAS DR.
 PANAMA CITY FL 32408

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: SAMUEL T. NEWTON PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2001

Date

850 2347490

CR2E034 (11/00)