

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90040 011 ***150.00

0561731

DOCUMENT # P93000078155

1. Entity Name
CASA MARTA, INC.

Principal Place of Business Mailing Address
601 SOUTH OCEAN DRIVE 601 SOUTH OCEAN DRIVE
FORT PIERCE FL 34949 FORT PIERCE FL 34949

2. Principal Place of Business 3. Mailing Address
1245 CARLTON CT. 1245 CARLTON CT.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
APT. 105 APT. 105

City & State City & State
FORT PIERCE FL FORT PIERCE FL
 Zip Country Zip Country
34949 USA 34949 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0448933** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

SUMMERLIN, LARRY
601 SOUTH OCEAN DRIVE
FORT PIERCE FL 34949

7. Name and Address of New Registered Agent

Name **PHYLLIS McALLISTER**
 Street Address (P.O. Box Number is Not Acceptable)
1245 CARLTON CT., APT. 105
 City **FORT PIERCE** **FL** Zip Code **34949**

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 *Phyllis McAllister* *Sect - Treas* *4-3-01*
 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

TITLE **P** ☐ Delete
 NAME **SUMMERLIN, LARRY**
 STREET ADDRESS **395 CHAMBERLAIN BLVD.**
 CITY-ST-ZIP **FORT PIERCE FL 34946**

TITLE **ST** ☐ Delete
 NAME **MCALLISTER, PHYLLIS**
 STREET ADDRESS **601 S OCEAN DR**
 CITY-ST-ZIP **FORT PIERCE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **ST** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1245 CARLTON CT, APT. 105**
 CITY-ST-ZIP **FORT PIERCE, FL 34949**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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: *Phyllis McAllister* *4-3-01* *561-429-1228*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)