

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90079 018 ***150.00

UNIFORM UBR

DOCUMENT # P94000007619

1. Entity Name
MARTIN ANDER INC.



Principal Place of Business
**503 1ST AVE SOUTH
LAKE WORTH FL 33460**

Mailing Address
**503 1ST AVE SOUTH
LAKE WORTH FL 33460**



2. Principal Place of Business
**10725 SOUTH OCEAN DRIVE
Suite, Apt. #, etc.
350**

3. Mailing Address
**10725 SOUTH OCEAN DRIVE
Suite, Apt. #, etc.
350**

City & State
JENSEN BEACH FL

City & State
JENSEN BEACH FL

CHECK HERE IF MAKING CHANGES

Zip
34957

Country
USA

Zip
34957

Country
USA

4. FEI Number **65-0464406**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDER, MARTIN
503 1ST AVE SOUTH
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name
MARTIN ANDER

Street Address (P.O. Box Number is Not Acceptable)
10725 SOUTH OCEAN DRIVE #350

City **JENSEN BEACH** FL Zip Code **34957**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Martin And* **MARTIN ANDER PRESIDENT** MARCH 10 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDER, MARTIN 503 1ST AVE SOUTH LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN ANDER 10725 SOUTH OCEAN DRIVE #350 JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin And* **MARTIN ANDER PRESIDENT** MARCH 10 03 772-2296014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)