

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009704

1. Entity Name

JOHN MARTUCCI ASSOCIATES CO.

R

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90017 016 ***150.00

Principal Place of Business

2417 NORTH OCEAN BLVD.
FORT LAUDERDALE FL 33305

Mailing Address

2417 NORTH OCEAN BLVD.
FORT LAUDERDALE FL 33305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0467122

Applied For

Not Applicable

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

MARTUCCI, DARTHE
2417 NORTH OCEAN BLVD.
FORT LAUDERDALE FL 33305

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D
MARTUCCI, DARTHE
2417 N. OCEAN BLVD.
FORT LAUDERDALE FL 33305 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
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:

JOHN MARTUCCI ASSOCIATES CO.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00 954-564-8982
Date Daytime Phone #

CR2E034 (5/00)

attachmt
94000009704
Bo106035

PTL TOURS
2417 North Ocean Boulevard
Ft. Lauderdale, Fl 33305-1921
FAX 954/564-0668
e-mail PTLDAL2@aol.com

9/7/00

Katherine Harris
Secretary Of State

Divisions of Corporations
Uniform Business Report Filings
P>O> BOX 1500
Tallahassee, Fl 32302- 1500

Dear Ms. Harris,

I was most distressed when I received this "2000 Uniform Business Report" in my mail.

I was very upset when I read that it was a **SECOND NOTICE** because I had never received a **First Notice**.

I have a very big problem with my mail because my address is **OCEAN BOULEVARD** and I am *one block from the ocean*. Atlantic Boulevard which is on the Ocean is mostly wealthy vacation homes whose occupants come down only several times a year. When my mail goes over there I sometimes *never* get it .In fact I had to call my bank last week to send me copies of my May bank statements as I have yet to receive them.

I am enclosing a check for the original filing fee of \$150.00 and I am pleading for you to forgive the penalty . I can assure that I am a very small business and have to be very frugal at 74 to stay in business with the big competition. I would **NEVER** have failed to file the first notice, if only I had received it, knowing the penalty involved by failing to file.

Thank you for all consideration,



Darthe Martucci