

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90152 017 ***550.00

DOCUMENT # P94000009704

1. Entity Name

JOHN MARTUCCI ASSOCIATES CO.

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

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, 2002 Fee 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 **D** ☐ Delete
NAME **MARTUCCI, DARTHE**
STREET ADDRESS **2417 N. OCEAN BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (4/02)

B0130418

PTL TOURS
2417 NORTH OCEAN BOULEVARD
FORT LAUDERDALE, FLORIDA 33305-1921
PH 954/564-8982 FX 9R5/564/0668
e-mail PTLDAL1@AOL.COM

July 15, 2002

Attachment

#P94000009709

Katherine Harris
Secretary Of State
Florida Department Of State
Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Ms. Harris,

Unfortunately I have just received this late notice. Unfortunate because I have NEVER received the first one.

I certainly cannot afford to ignore a notice for \$150.00 and have to pay instead \$550.00

I have a most UNFORTUNATE address. My address is OCEAN Boulevard which is ONE Block from the OCEAN.

I have repeatedly spoken to the Post Office about our problem with the mail, however I do understand the problem. We also get many incorrect deliveries and attempts to fix our roof or install a telephone. The street on the Ocean is Atlantic.

This is a major problem for me personally as my Medical Insurance lapsed last year because I never received the bill. By the time I realized it I had to be reinstated and pay for the medical bills incurred during the laps in payments.

I am hopeful that you will for give the penalty and allow me to pay the standard fee of \$150.00.

I have enclosed my check for \$550.00 however I hope you will please forgive the penalty.

Thank you for all consideration.

Darthe Martucci



John Martucci Associated Co.
DBA PTL Tours