

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90003 047 \*\*\*550.00

**DOCUMENT # P94000027049**

1. Entity Name  
**MARTIN MANUFACTURING, INC.**



Principal Place of Business      Mailing Address  
 7991 62ND WAY N.                      7991 62ND WAY N.  
 PINELLAS PARK FL 33565              PINELLAS PARK FL 33565



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

4. FEI Number      **59-3248004**      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

**BOLEK, RICHARD A.**  
**1992 BONNIE CT.**  
**SUITE 136**  
**DUNEDIN FL 34698**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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     | <b>P</b>                                    | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>MARTIN, RANDALL O.</b>                   |                                 |
| CITY-ST-ZIP    | <b>7991 62ND WAY N<br/>PINELLAS PARK FL</b> |                                 |
| TITLE NAME     |   | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE NAME     |   | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE NAME     |   | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE NAME     |   | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |

|                |  |   |
|----------------|--|---|
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: UNAUTHORIZED SIGNATURE REQUIRED      8-29-00      727-546-1896  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)