

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90039 001 ***158.75

DOCUMENT # P94000034734

1. Entity Name

M.R.T. SERVICES, INC.

Principal Place of Business

**4259 PACTA PLACE
 SARASOTA FL 34241
 US**

Mailing Address

**P.O BOX 21162
 SARASOTA FL 34276
 US**

2. Principal Place of Business

6389 Hollywood Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

34231 USA

Country

4. FEI Number

65-0488147

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WINKLE, MARY E. VAN ES
 3844 BEE RIDGE RD.
 SUITE 202
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name **(Same)**

Street Address (P.O. Box Number is Not Acceptable)

2815 Proctor Rd

City **Sarasota FL**

FL

Zip **34231**

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 \$150.00
 After May 1, 2002 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 **D** ☐ Delete
 NAME **CARTWRIGHT, MARILYN R**
 STREET ADDRESS **1137 N. LAKESHORE DR.**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **owner** ☒ Change ☐ Addition
 NAME **Marilyn R Cartwright**
 STREET ADDRESS **6389 Hollywood Blvd**
 CITY-ST-ZIP **Sarasota FL 34231**

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

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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: Marilyn R. Cartwright **1-22-02** **(941) 927-7645**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)