

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000025262**

1. Entity Name

MARTIN JOINT TITLE PLANT, INC.**FILED**
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90135 005 ***150.00

Principal Place of Business

Mailing Address

WOODLAKE BLVD
STE 312
GREENACRES FL 334636304 BENJAMIN RD STE 514
TAMPA FL 33634-5128
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3900 Woodlake Blvd

Suite, Apt. #, etc. 312

City & State

City & State
Greenacres, FL

Zip

Country

Zip
33463Country
US

4. FEI Number

65-0575545

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**KNEEN, JEFFREY D
1400 CENTREPARK BLVD., SUITE 1000
WEST PALM BEACH FL 33401

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DV
NAME NAIL, SHAYLA
STREET ADDRESS 729 S FED HWY 103
CITY-ST-ZIP STUART FL ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME HICKMAN, HAROLD
STREET ADDRESS 3401 CYPRESS ST., # 203
CITY-ST-ZIP TAMPA FL 33607 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME GAMBLIN, ROGER
STREET ADDRESS 1897 PALM BEACH LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE DP
NAME SZEGLOWSKI, CHET
STREET ADDRESS 1635 TAMPA ST
CITY-ST-ZIP TAMPA FL ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE T
NAME MARTEL, ALBERT E
STREET ADDRESS 6304 BENJAMINE RD 514
CITY-ST-ZIP TAMPA FL ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE S
NAME DUFFY, MAUREEN
STREET ADDRESS 3900 WOODLAKE BLVD 312
CITY-ST-ZIP GREENACRES FL ☐ DeleteTITLE
NAME ☐ Change ☐ 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:

Albert E. Martel

1/10/00

(561) 432-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)