

2000 UNIFORM BUSINESS REPORT (UBR)

0471415

DOCUMENT # P95000028068

1. Entity Name

MARTINS-SOMRAK CORP.

FILED

00 FEB 21 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4405 VARSITY LAKES DR
LEHIGH ACRES FL 33971
US

4405 VARSITY LAKES DR
LEHIGH ACRES FL 33971-2038
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3315827

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRINCE, RANDELL L
8401 JR MANOR DR
STE 100
TAMPA FL 33634

Name

JAMES A. SOMRAK

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

4405 VARSITY LAKES DR

City

LEHIGH ACRES

FL

Zip Code

33971

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

2-15-00

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 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 PD ☐ Delete
NAME SOMRAK, JAMES A
STREET ADDRESS 3641 WINKLER EXT #1812
CITY-ST-ZIP FT MYERS FL 33916

TITLE ☐ Change ☐ Addition
NAME 100003155721--7
STREET ADDRESS -03/03/00--01007--015
CITY-ST-ZIP ***150.00 ***150.00

TITLE VPD ☐ Delete
NAME MARTINS, BERNARD S
STREET ADDRESS 3339-3 NEW S PROVINCE BLVD
CITY-ST-ZIP FT MYERS FL 33907

TITLE ☒ Change ☐ Addition
NAME 14974 MAHOB COURT
STREET ADDRESS FORT MYERS, FL 33908
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

2-15-00 (941)694-0008

Date

Daytime Phone #

CR2E034 (9/99)

SP