

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90051 024 ***150.00

DOCUMENT # P95000039557

1. Entity Name
MARTIN'S INSTALLATIONS, INC.

Principal Place of Business
**4420 PALMETTO INLET WEST
 JACKSONVILLE FL 32277**

Mailing Address
**4420 PALMETTO INLET WEST
 JACKSONVILLE FL 32277**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3500 University Blvd N

Suite, Apt. #, etc.
Apt # 1504

City & State
Jacksonville, FL

Zip
32277

Country
USA

3. Mailing Address
3500 University Blvd N

Suite, Apt. #, etc.
Apt # 1504

City & State
Jacksonville, FL

Zip
32277

Country
USA

4. FEI Number **59-3312408**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, KEITH
 4420 PALMETTO INLET WEST
 JACKSONVILLE FL 32277**

7. Name and Address of New Registered Agent

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, 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 **MARTIN, KEITH**
 STREET ADDRESS **4420 PALMETTO INLET WEST**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **TS** ☒ Delete
 NAME **MARTIN, BARBARA**
 STREET ADDRESS **4420 PALMETTO INLET WEST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Martin, Keith**
 STREET ADDRESS **3500 University Blvd N, #1504**
 CITY-ST-ZIP **Jacksonville, FL 32277**

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

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

TITLE ☐ Change ☐ Addition
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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: *Keith R. Martin* **KEITH R. MARTIN** **1-14-02 (904) 610-9099**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)