

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90732 045 ***150.00

DOCUMENT # P95000042083

1. Entity Name
MARTY MC CORMICK & ASSOCIATES INC.



Principal Place of Business
**3775 40TH LANE SOUTH #B
ST. PETERSBURG FL 33711**

Mailing Address
**3775 40TH LANE SOUTH #B
ST. PETERSBURG FL 33711**

90046956



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3324999**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**MC CORMICK, DIANNE L
3775 40TH LANE SOUTH #B
ST. PETERSBURG FL 33711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Sig. _____ or printed name of registered agent and title if applicable. (NOTE: _____)

**FILE NOW!!!-FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	MC CORMICK, DIANNE LV
STREET ADDRESS	3775 40TH LANE SOUTH #B
CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	V <input type="checkbox"/> Delete
NAME	MC CORMICK, MARTY
STREET ADDRESS	3775 40TH LANE SOUTH #B
CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03 727-864-1406
Date Daytime Phone #

MA01797 AV

CR2E034 (10/02)