

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90158 019 ***150.00

DOCUMENT # P95000048325

1. Entity Name

MARTELLI CONSTRUCTION, INC.

Principal Place of Business

1740 N. MAGNOLIA AVE.
 Ocala FL 34475

Mailing Address

1740 N. MAGNOLIA AVE.
 Ocala FL 34475

2. Principal Place of Business

Martelli Construction, Inc.

Suite, Apt. #, etc.

N/A

3. Mailing Address

1740 N. MAGNOLIA AVE.

Suite, Apt. #, etc.

N/A

City & State

OCALA, FL

City & State

OCALA FL

4. FEI Number

59-3319488

Applied For

Not Applicable

Zip

34475

Country

U.S.A.

Zip

34475

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTELLI, GOFFREDO
1740 N. MAGNOLIA AVE.
OCALA FL 34475

7. Name and Address of New Registered Agent

Name

N/A

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 **DP** ☐ Delete
 NAME **MARTELLI, GOFFREDO J**
 STREET ADDRESS **1740 N. MAGNOLIA AVE.**
 CITY-ST-ZIP **OCALA FL 34475**

TITLE **VP** ☐ Delete
 NAME **WEITLAUF, STEVEN J**
 STREET ADDRESS **1740 N MAGNOLIA AVE**
 CITY-ST-ZIP **OCALA FL 34475**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 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:

Goffredo Martelli
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-02 352-732-4411

Date

Daytime Phone #

CR2E034 (9/01)