## FOR PROFIT CORPORATION

FILED Sep 12, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # . P95000063489 09-12-2002 90093 004 \*\*\*150.00 1. Entity Name JULIE A. MARTIN, P.A. DO NOT WRITE IN THIS SPACE 980347 2. Principal Place of Business 3. Mailing Address 117 Bastille Court 717 E. Oak Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Williamsburg, Kissimmee, FL65-0608772 Not Applicable <sup>Zip</sup> 32185 Country USA Country USA \$8.75 Additional 34744 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent <u>Swart, H</u>arry J. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 717 E. Oak Street IN THIS SPACE Kissimmee 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) January 1 - May 1 Fee is \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. **\$5.00** May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE D,P,S,T NAME Martin, Julie A. STREET ADDRESS STREET ADDRESS 117 Bastille Court CITY-ST-ZIP CITY-ST-ZIP Williamsburg, VA 23185 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 on an analysis of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an address, with all other like empowered.

TITLE NAME

STREET ADDRESS

C!TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

9/9/02

Daytime Phone #

CR2E034B (12/01)



## Attallment PG 00063/159 98034 SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS . BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA ANDY J. BAUMRUK, CPA

September 6, 2002

Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

RE:

Annual Report

Julie A. Martin, P.A.

To Whom It May Concern:

Our client, Julie A. Martin, P.A., was incorporated on August 16, 1995. They have always filed their Annual Reports with the State since their inception. During 2001 they moved and an Annual Report was not received. We have just noted this oversight on the sunbiz.org website.

Attached is a completed Annual Report for the year 2002 we prepared on their behalf and their payment of \$150.00. We ask that you abate the penalty for the reasons stated above. To ensure that the report is received and filed in a timely manner, we have changed the mailing address of the corporation to our office for future correspondence.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

And√ J. Baumruk, CPA

**Enclosures**