

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91198 044 ***150.00

0041833 AV

DOCUMENT # **P95000078143**



1. Entity Name
MARTIN & BURKE CONSTRUCTION, INC.

Principal Place of Business
**2281 REMINGTON PARK ROAD
SWITZERLAND FL 32259**

Mailing Address
**2281 REMINGTON PARK ROAD
SWITZERLAND FL 32259**



2. Principal Place of Business **FOREST**
749 NOTTINGHAM CIRCLE
Suite, Apt. #, etc.

3. Mailing Address **FOREST**
749 NOTTINGHAM CIRCLE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
JAX, FLA.

City & State
JAX, FLA.

4. FEI Number **59-3340402**

Applied For
Not Applicable

Zip **32259** Country **USA**

Zip **32259** Country **USA**

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

MARTIN, MITCHELL A
2281 REMINGTON PARK ROAD
SWITZERLAND FL 32259

Name **MITCHELL A. MARTIN**
Street Address (P.O. Box Number is Not Acceptable)
749 NOTTINGHAM FOREST CIRCLE
City **JAX, FL** Zip Code **32259**

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 *Mitchell A. Martin*
Signature, typed or printed name of registered agent and title if applicable.

MITCHELL A. MARTIN
(NOTE: Registered Agent signature required when reinstating)

4-11-03
DATE

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	PS	<input type="checkbox"/> Delete
NAME	MARTIN, MITCHELL A	
STREET ADDRESS	2281 REMINGTON PARK ROAD	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURKE, MICHAEL T	
STREET ADDRESS	2281 REMINGTON PARK ROAD	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MITCHELL A.	
STREET ADDRESS	749 NOTTINGHAM FOREST CIRCLE	
CITY-ST-ZIP	JAX, FLA. 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Mitchell A. Martin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL A. MARTIN
Date **4-11-03**
Daytime Phone # **904-287-5514**

CR2E034 (10/02)