

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006699

1. Entity Name
MARTYN & MARTYN ENTERPRISES, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90059 002 ***150.00

Principal Place of Business

Mailing Address

33 US HWY 17-92S

DEBARY FL 32713

US

33 US HWY 17-92S

DEBARY FL 32713

US

2. Principal Place of Business

215 VAT RD

Suite, Apt. #, etc.

3. Mailing Address

215 VAT RD

Suite, Apt. #, etc.

City & State
OSTEEN, FL

Zip
32764

Country

USA

City & State
OSTEEN, FL

Zip
32764

Country

USA

4. FEI Number 59-3356355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BETTEN ASSOCIATES, INC.
5 S US HWY 17-92
CHARLES RICHARD BEALL BLVD
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name
MARTYN & MARTYN ENT, INC.
Street Address (P.O. Box Number is Not Acceptable)
215 VAT RD
City
OSTEEN FL Zip Code
32764

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MARTYN, KARL
33 A US HWY 17-92S
DEBARY FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MARTYN, KARL
215 VAT RD
OSTEEN, FL 32764 ☒ Change ☐ Addition

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

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

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

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

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

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-2000 407-688-0118
Date Daytime Phone #

CR2E034 (5/00)

Attachment
P96000006499
A0071699

To whom This May Concern,

9/10/2000

This was the first report I have received. I have changed my address and Registered agent. Because of my move I've not gotten alot of my mail. Thank for your help

Raul Manf