

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90094 033 ***158.75

DOCUMENT # P96000027274

1. Entity Name
MARTIN POOLS, INC.

Principal Place of Business

Mailing Address

**BABCOCK STREET
 BAY FL 32905**

**5275 BABCOCK STREET
 PALM BAY FL 32905-8631**

2. Principal Place of Business

3. Mailing Address

4301 NO. WICKHAM RD.

4301 NO. WICKHAM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 13

SUITE 13

City & State

City & State

MELBOURNE FL

MELBOURNE FL

Zip

Zip

Country

Country

32940

U.S.

32940

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIRANDA, LISA M
 5275 BABCOCK ST NE #16
 SUITE 204
 PALM BAY FL 32905**

Name

MIRANDA, LISA M

Street Address (P.O. Box Number is Not Acceptable)

4301 NO WICKHAM ROAD

SUITE #13

City

MELBOURNE

FL

Zip Code

32940

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 **Lisa M. Miranda, PRESIDENT** **LISA M MIRANDA** **1-11-00**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MIRANDA, LISA M	
STREET ADDRESS	5275 BABCOCK ST.	
CITY-ST-ZIP	PALM BAY FL 32905	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, LISA M.	
STREET ADDRESS	4301 NO. WICKHAM RD, SUITE #13	
CITY-ST-ZIP	MELBOURNE, FL 32940	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **Lisa M. Miranda**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00

Date

321-255-1898

Daytime Phone #

CR2E034 (9/99)