## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000031919**1. Entity Name

M.W. MARTIN CONSTRUCTION, INC.

Principal Place of Business 1115 SPANISH OAKS BLVD. PALM HARBOR FL 34683

2. Principal Place of Business

City & State

Zip

SIGNATURE

(See criteria on back)

Mailing Address

3. Mailing Address

VD. 1115 SPANISH OAKS BLVD. PALM HARBOR FL 34683-6639

Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

 $\mathbf{x}$ 

Suite Apt. #, etc.

City & State

Zip Country

FILED Mar 22, 2000 8:00 am Secretary of State

03-22-2000 90043 003 \*\*\*150.00

C0042348

DO NOT WRITE IN THIS SPACE

59-3365007 | Not Applicable | \$8.75 Additional

DATE

5. Certificate of Status Desired Fee Required

7. Name and Address of New Registered Agent

MARTIN, MATHEW W 1115 SPANISH OAKS BLVD. PALM HARBOR FL 34683

Country

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

4. FEI Number

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.

This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

Name

(NOTE: Registered Agent signature required when reinstating)

**10.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSD** ☐ Addition ☐ Change Delete TITLE TITLE MARTIN, MATHEW W NAME NAME STREET ADDRESS 1115 SPANISH OAKS BLVD. STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete... ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS 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 short 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 encowered to execute this report as equipmental control of the corporation or the receiver or trustee encowered to execute this report as equipmental control of the corporation or the receiver or trustee encowered to execute this report as equipmental control of the corporation or the receiver or trustee encowered to execute this report as equipmental control of the corporation or the receiver or trustee encowered to execute this report as equipmental control of the corporation or the receiver or trustee encowered to execute this report as equipmental control of the corporation or the receiver or trustee encowered to execute this report as equipmental control of the corporation or the receiver or trustee encowered to execute this report as equipmental control of the corporation or the receiver or trustee encowered to execute this report as equipmental control of the corporation or the receiver or trustee encountered to execute this report as equipmental control of the corporation or the receiver or trustee encountered to execute this report as equipmental control of the corporation of the corporati

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2000 727-787-2936

CUELCO34 (3/33