

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000034474**

1. Entity Name  
 MARTHA AND THE BOYZ, INC.

Principal Place of Business 810 PEARL KEY WEST 33040 US	FL	Mailing Address P.O. BOX 688 KEY WEST 33041 US	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 810 PEARL STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State KEY WEST FL	4. FEI Number <b>65-0660857</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 33040	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLATTERY MARTHA A  
 810 PEARL STREET  
 KEY WEST FL  
 33040 US

7. Name and Address of New Registered Agent

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

SIGNATURE MARTHA A. SLATTERY DATE 04/30/2000  
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	C SLATTERY MARTHA A 810 PEARL STREET KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Martha A. Slattery

04/30/2000