

07-13-2000 90013 014 ***150.00
08-15-2000 90018 032 ***400.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036969

1. Entity Name

MARTEENY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

935 CARSWELL AVE
HOLLY HILL FL 32117
US

1490 CARMEN AVE
HOLLY HILL FL 32117-1916
US

2. Principal Place of Business

3. Mailing Address

935 Carswell Ave.

1490 Carmen Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Holly Hill FL
32117

Holly Hill FL
32117

4. FEI Number 59-3382677

Applied For
Not Applicable

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

MARTEENY, DORIS
1490 CARMEN AVE.
HOLLY HILL FL 32117

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

Signature, typed or printed name of registered agent and fee 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 PD
NAME MARTEENY, DOUGLAS
STREET ADDRESS 1490 CARMEN AVENUE
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE VD
NAME MARTEENY, DORIS M
STREET ADDRESS 1490 CARMEN AVENUE
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE TD
NAME MARTEENY, MICHAEL
STREET ADDRESS 1123 VALENCIA AVE
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE SD
NAME MARTEENY, DAVID
STREET ADDRESS 825 GETTYSBURG TR
CITY-ST-ZIP KENNESAW GA 30144

TITLE
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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:

Doris Marteeny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/00

904/253-8287

Date

Daytime Phone #

CR2E034 (9/99)