

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90027 039 ***150.00

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1. Entity Name

MARTIN GOTTLIEB & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~4131 SUNBEAM RD~~ 4932 SUNBEAM RD 4131 SUNBEAM RD 4932 SUNBEAM RD
SUITE 100 SUITE 100
JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US

54020362



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3432260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROTHSTEIN, SIMON D
4417 BEACH BOULEVARD, SUITE 104
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME GOTTLIEB, MARTIN
STREET ADDRESS ~~4131 SUNBEAM RD~~ STE 100 4932 SUNBEAM RD
CITY-ST-ZIP JACKSONVILLE, FL 32257

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12. 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 10 or Block 11 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

03/11/04 (904) 346-3088

Date

Daytime Phone #