

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90018 034 ***150.00

DOCUMENT # P97000053912

1. Entity Name
MARTELLO ENTERPRISES, INC.



Principal Place of Business
**708 QUEENS HARBOR BLVD.
JACKSONVILLE FL 32225**

Mailing Address
**708 QUEENS HARBOR BLVD.
JACKSONVILLE FL 32225**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

9034 HECKSCHER DR.

Suite, Apt. #, etc.

9034 HECKSCHER DR

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32226

Country

USA

Zip

32226

Country

USA

4. FEI Number **59-3450212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTELLO, JAMES J
708 QUEENS HARBOR BLVD.
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

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

9034 HECKSCHER DR.

City

JACKSONVILLE

FL

Zip Code

32226

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MARTELLO, JAMES J**
STREET ADDRESS **708 QUEENS HARBOR BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **VPS** ☐ Delete
NAME **MARTELLO, SHERRY A**
STREET ADDRESS **708 QUEENS HARBOR BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9034 HECKSCHER DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9034 HECKSCHER DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sherry A. Martello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry A. Martello

2-15-03

Date

Daytime Phone #

904/ 251-9218

CR2E034 (10/02)