

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084385

1. Entity Name
MARTIN RISK CONTROL SERVICES, INC.



FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90178 020 ***150.00

016186 AV

Principal Place of Business
3940 NORTH TANNER ROAD
ORLANDO FL 32826

Mailing Address
3940 NORTH TANNER ROAD
ORLANDO FL 32826



2. Principal Place of Business
3940 N. TANNER RD

3. Mailing Address
Same

City & State
ORLANDO FL

City & State

4. FEI Number 59-3471116

Applied For
Not Applicable

Zip Country
32826 USA

Zip Country

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

6. Name and Address of Current Registered Agent

MARTIN, CLYDE B
3940 NORTH TANNER ROAD
ORLANDO FL 32826

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

SIGNATURE *[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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MARTIN, CLYDE B
STREET ADDRESS 3940 NORTH TANNER ROAD
CITY-ST-ZIP ORLANDO FL 32826 ☐ Delete

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

TITLE STV
NAME MARTIN, MARGARET
STREET ADDRESS 3940 NORTH TANNER ROAD
CITY-ST-ZIP ORLANDO FL 32826 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Margaret T. Martin* MARGARET T. MARTIN 1-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-273-2157

CR2E034 (10/02)