

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090504

1. Entity Name

ALAMAR SERVICES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90081 045 ***150.00

Principal Place of Business

3316 OHIO AVENUE
SANFORD FL 32773

Mailing Address

3316 OHIO AVENUE
SANFORD FL 32773-6639

2. Principal Place of Business

3. Mailing Address

3310 OHIO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANFORD

4. FEI Number

59-3485424

Applied For

Not Applicable

Zip

Country

Zip

Country

32773

SEMIWOLE

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

MARTIN, WAYNE
3310 OHIO AVE
SANFORD FL 32773

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 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 ☐ Delete
NAME MARTIN, WAYNE
STREET ADDRESS 3310 OHIO AVE
CITY-ST-ZIP SANFORD FL 32773

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

TITLE ☐ Delete
NAME MARTIN, SHERRY L
STREET ADDRESS 3310 OHIO AVE.
CITY-ST-ZIP SANFORD FL 32773

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

TITLE ☐ Delete
NAME MARTIN, ROBERT M
STREET ADDRESS 308 ALPINE STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 3455 OHIO AVE.
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Delete
NAME MARTIN, MICHAEL B
STREET ADDRESS 3316 OHIO AVE.
CITY-ST-ZIP SANFORD FL 32773

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

TITLE ☒ Delete
NAME MARTIN, RUSSELL W
STREET ADDRESS 70 NORTH TRIPLET LAKE DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Sherry L. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHERRY L. MARTIN, SECY.

4 JAN 00
Date

407-302-6006
Daytime Phone #

CR2E034 (9/99)