

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000090504 ~**

1. Entity Name

ALAMAR SERVICES, INC.

Principal Place of Business

**3316 OHIO AVENUE
SANFORD FL 32773**

Mailing Address

**3310 OHIO AVE
SANFORD FL 32773**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3485424**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, WAYNE
3310 OHIO AVE
SANFORD FL 32773**

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.

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, 2001 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

TITLE **P** ☐ Delete
NAME **MARTIN, WAYNE**
STREET ADDRESS **3310 OHIO AVE**
CITY-ST-ZIP **SANFORD FL 32773**TITLE **S** ☐ Delete
NAME **MARTIN, SHERRY L**
STREET ADDRESS **3310 OHIO AVE.**
CITY-ST-ZIP **SANFORD FL 32773**TITLE **VP** ☐ Delete
NAME **MARTIN, ROBERT M**
STREET ADDRESS **3455 OHIO AVE**
CITY-ST-ZIP **SANFORD FL 32773**TITLE **VP** ☐ Delete
NAME **MARTIN, MICHAEL B**
STREET ADDRESS **3316 OHIO AVE.**
CITY-ST-ZIP **SANFORD FL 32773**TITLE **VP** ☐ Delete
NAME **MARTIN, RUSSELL W**
STREET ADDRESS **70 NORTH TRIPLET LAKE DRIVE**
CITY-ST-ZIP **CASSELBERRY FL 32707**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **VP
MARTIN, MICHAEL B.**
STREET ADDRESS **1924 AZALEA AVENUE**
CITY-ST-ZIP **WINTER PARK, FL 32792**TITLE ☒ Change ☐ Addition
NAME **VP
MARTIN, RUSSELL W.**
STREET ADDRESS **803 AIRPORT BLVD.**
CITY-ST-ZIP **SANFORD, FL 32773**TITLE ☐ Change ☐ Addition
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: *Wayne Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90317 002 ***150.00

724934

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)