

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90069 047 ***150.00

DOCUMENT # P97000091015

1. Entity Name
MARTIN & ASSOCIATES APPRAISAL SERVICE, OF SW FL,

Principal Place of Business

**2018 S.E. 28TH TERRACE
 CAPE CORAL FL 33904**

Mailing Address

**2018 S.E. 28TH TERRACE
 CAPE CORAL FL 33904**

646167

2. Principal Place of Business

3728 Santa Barbara Blvd

3. Mailing Address

3728 Santa Barbara Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #104

Unit #104

City & State

City & State

Cape Coral, FL

Cape Coral, FL

Zip

Country

Zip

Country

33914

U.S.

33914

US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0789789**

Applied For

Not Applicable

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, JEREMY J
 2018 S.E. 28TH TERRACE
 CAPE CORAL FL 33904**

Name

Jeremy J. Martin (Same)

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

3728 Santa Barbara Blvd

Unit 104

City

Cape Coral

FL

Zip Code

33914

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARTIN, JEREMY J. 2018 SE 28TH TERRACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2001

Daytime Phone #

941-519-2595

CR2E034 (10/00)