

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057309

1. Entity Name

MARTON WORLDWIDE, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90202 028 ***150.00

Principal Place of Business
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

Mailing Address
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business
P. O. Box 551260

3. Mailing Address
P. O. Box 551260

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32255

Country

4. FEI Number
59-3523552

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

SCHNEIDER, MICHAEL M N
100 NATIONAL FINANCIAL BUILDING
4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216

Name
Michael N. Schneider

Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road

Building 100

City
Jacksonville

FL

Zip Code
32256

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. ☐

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	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
PDS	SPIVAK, MARK	3740 SAN JOSE PLACE	JACKSONVILLE FL 32257	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVT	LEVIN, ANATOLIY	6515 LAMIRADA DR. WEST APT. 7	JACKSONVILLE FL 32217	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

2/17/2000

Date

Daytime Phone #