

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062024

1. Entity Name

S & T OF MARTIN COUNTY, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90045 013 ***150.00

Principal Place of Business

Mailing Address

417 KRUEGER PARKWAY
STUART FL 34994

417 KRUEGER PARKWAY
STUART FL 34996-2507

B0006988



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3760 SE Ocean Blvd

3760 SE Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart, FL 34996

Stuart, FL 34996

Zip

Country

Zip

Country

34996

USA

34996

Martin

4. FEI Number 65-0853081

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

GILBERTSON, STEPHEN W C.P.A.
2200 N.E. 26TH ST.
WILTON MANORS FL 33305

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

Dutcher T. Taylor (Signature)

1/6/00

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	SD	<input type="checkbox"/> Delete
NAME	TAYLOR, DUTCHER T	
STREET ADDRESS	417 KRUEGER PARKWAY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PT	<input type="checkbox"/> Delete
NAME	STRATMAN, RICHARD	
STREET ADDRESS	400 E. DOLPHIN DR	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

(Signature of Dutcher T. Taylor)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

(Sgt) 781-7775

Daytime Phone #