

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065933

1. Entity Name

MARTIN'S A/C SERVICE, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90015 002 ***150.00

Principal Place of Business

Mailing Address

1944 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

1944 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952-5510

2. Principal Place of Business

3. Mailing Address

5455 SE Orange St

5455 SE Orange St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

65-0854989

Applied For

Not Applicable

Zip

34997

Country

USA

Zip

34997

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES, MARTIN T
5455 SE ORANGE ST.
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Jarvis, Martin T.

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

5455 SE Orange St

City

Stuart

FL

Zip Code

34997

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]

President

1-27-00

(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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
JARVIS, MARTIN T
5455 SE ORANGE ST.
STUART FL 34997

☐ Delete

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

1-27-00

Date

561-781-2277

Daytime Phone #

CR2E034 (9/99)