

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000065933**

1. Entity Name

**MARTIN'S A/C SERVICE, INC.****FILED****Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90034 026 \*\*\*150.00

0440286

Principal Place of Business

Mailing Address

5455 SE ORANGE ST.  
STUART FL 34997  
US5455 SE ORANGE ST.  
STUART FL 34997  
US

2. Principal Place of Business

5781 SW MarkeL St

3. Mailing Address

5781 SW MarkeL St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Palm City, Florida

City &amp; State

Palm City, Florida

4. FEI Number

65-0854989

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

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

6. Name and Address of Current Registered Agent

JARVIS, MARTIN T  
5455 SW ORANGE ST  
STUART FL 34997

7. Name and Address of New Registered Agent

Name

same

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

5781 SW MarkeL St

City

Palm City

FL

Zip Code

34990

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)

4/23/01

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	<input type="checkbox"/> Delete
NAME	JARVIS, MARTIN T	
STREET ADDRESS	5455 SE ORANGE ST.	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Jarvis	
STREET ADDRESS	5781 SW MarkeL St	
CITY-ST-ZIP	Palm City, Fl 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

561-781-2277

Daytime Phone #

CR2E034 (10/00)