

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91189 033 ***150.00

DOCUMENT # P 98000065994

1. Entity Name

MARTIN IRRIGATION CONTRACTORS, INC.

Principal Place of Business

Mailing Address

1053 SE INDIAN ST.
STUART, FL 34994

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STUART, FL 34994

2. Principal Place of Business

3. Mailing Address

1053 SE INDIAN ST.

1053 SE INDIAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-0855653

Applied For

Not Applicable

Zip

33994

Country

USA

Zip

34994

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MICHAEL NOVIK

7. Name and Address of New Registered Agent

Name: MICHAEL NOVIK
Street Address (P.O. Box Number is Not Acceptable)

609 S.W. BITTERN WAY

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.

MICHAEL NOVIK

(NOTE: Registered Agent signature required when reinstating)

DATE

5/18/01

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 D
NAME MICHAEL NOVIK
STREET ADDRESS 1053 SE INDIAN ST.
CITY-ST-ZIP STUART, FL 34994 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/01

Date

561-286-1737

Daytime Phone #

CR2034 (11/00)