

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070591

1. Entity Name

G. L. MARTIN CONSTRUCTION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90077 013 ***158.75

Principal Place of Business

Mailing Address

POST OFFICE BOX 1466
EDGEWATER FL 32132

POST OFFICE BOX 1466
EDGEWATER FL 32132-8466

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3527306

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, GLEN
631 GLENDEVON LANE
NEW SMYRNA BEACH FL 32168

Name MARTIN, Gary
Street Address (P.O. Box Number is Not Acceptable)

130 N. Cory Dr
City Edgewater FL Zip Code 32141

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. (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 PVST
NAME MARTIN, GARY
STREET ADDRESS POST OFFICE BOX 1466 N/A
CITY-ST-ZIP EDGEWATER FL 32132 ☐ Delete

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

TITLE D
NAME MARTIN, GARY
STREET ADDRESS POST OFFICE BOX 1466 N/A
CITY-ST-ZIP EDGEWATER FL 32132 ☐ Delete

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

TITLE S
NAME MARTIN, SHERI
STREET ADDRESS 631 GLENWOOD LN
CITY-ST-ZIP NEW SMYRNA BEACH FL ☐ Delete

TITLE S
NAME Martin, Sheri
STREET ADDRESS 130 N. Cory Dr
CITY-ST-ZIP Edgewater FL 32141 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (9/99)