

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000005407

1. Entity Name

McMARTON Building Company

**FILED**  
02 MAY -1 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

426 E CENTER ST.

Suite, Apt. #, etc.

3. Mailing Address

3242 NW 12TH ST.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

City & State

Gainesville FL

Zip

32609

Country

USA

4. FEI Number

59-355 8591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CATHERINE McMARTON

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

3242 NW 12TH ST

City

Gainesville

FL

Zip Code

32609

**DO NOT WRITE  
IN THIS SPACE**

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

Catherine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT  
CATHERINE McMARTON  
3242 NW 12TH ST  
Gainesville FL 32609

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

100005677621--3

-06/04/02--01060--002

\*\*\*\*300.00 \*\*\*\*300.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-02

Date

352 258-3409

Daytime Phone #

CR2E034B (12/01)