

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008287

1. Entity Name

MARTINEZ COMMUNICATIONS, INC.

Principal Place of Business

4540 SOUTHSIDE BLVD., STE. 501
JACKSONVILLE FL 32216

Mailing Address

4540 SOUTHSIDE BLVD., STE. 501
JACKSONVILLE, FL 32216

2. Principal Place of Business

5150 Bellfort Rd.

Suite, Apt. #, etc.

Suite 201

City & State

Jacksonville, FL

Zip

32216

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3553691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, PAUL
509 PHEASANT RUN DRIVE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name PAUL MARTINEZ

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

497 S. MILLVIEW WAY

City

PONTEVEDRA Bch. FL

Zip Code

32082

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME PAUL MARTINEZ
STREET ADDRESS 497 S. MILLVIEW WAY
CITY-ST-ZIP PONTEVEDRA Bch FL 32082

TITLE
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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:

Paul Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 SEP 29 AM 11:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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