

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 07, 2000 8:00 am
Secretary of State

05-16-2000 90102 006 ***150.00

DOCUMENT # P99000013195

1. Entity Name

LARRY A. MARTIN CUSTOM BUILDER INC.

Principal Place of Business

7081 DANIELS RD.
NAPLES FL 34109

Mailing Address

7081 DANIELS RD.
NAPLES FL 34109-0542

2. Principal Place of Business

5873 THREE IRON DR

3. Mailing Address

5873 THREE IRON DR

Suite, Apt. #, etc.

502

Suite, Apt. #, etc.

502

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0993415

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, LARRY A
7081 DANIELS RD.
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

MARTIN, LARRY A.

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

5873 THREE IRON DR 502

City

NAPLES

FL

Zip Code

34110

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.

116.732 17 1102

SIGNATURE

LARRY A. MARTIN

Larry A Martin pres.

5-31-00

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	LARRY A. MARTIN	
STREET ADDRESS	5873 THREE IRON DR #502	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	SEC-TREASURE	<input type="checkbox"/> Delete
NAME	LARRY A. MARTIN	
STREET ADDRESS	5873 THREE IRON DR #502	
CITY-ST-ZIP	NAPLES, FL 34110	
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		<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 all other like empowered.

SIGNATURE:

LARRY A. MARTIN

LARRY A. MARTIN PRES.

4-29-00

941-849-4448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)