

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

0541003

04-12-2001 90004 040 \*\*\*150.00

**DOCUMENT # P99000013195**

1. Entity Name  
**LARRY A. MARTIN CUSTOM BUILDER INC.**

Principal Place of Business 5873 THREE IRON DRIVE 502 NAPLES FL 34110	Mailing Address 5873 THREE IRON DRIVE 502 NAPLES FL 34110
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4655 ST. CROIX LA</b>	3. Mailing Address <b>4655 ST. CROIX LA</b>
Suite, Apt. #, etc. <b>1437</b>	Suite, Apt. #, etc. <b>1437</b>
City & State <b>NAPLES, FL</b>	City & State <b>NAPLES, FL</b>
Zip <b>34109</b>	Country <b>USA</b>

4. FEI Number <b>65-0893415</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, LARRY A**  
**5873 THREE IRON DR 502**  
**NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**4655 ST. CROIX LA #1437**

**NAPLES, FL 34109**  
 City **FL** Zip Code.

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: *Larry A. Martin* **LARRY A. MARTIN** **4-8-01**  
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTIN, LARRY A</b> <b>5873 THREE IRON DRIVE # 502</b> <b>NAPLES FL 34110</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MARTIN, LARRY A</b> <b>5873 THREE IRON DR # 502</b> <b>NAPLES FL 34110</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4655 ST. CROIX LA #1437</b> <b>NAPLES, FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4655 ST CROIX LA #1437</b> <b>NAPLES, FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Larry A. Martin* **LARRY A. MARTIN** **4-8-01** **941-849-4448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)