

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 |
|--|--|



DO NOT WRITE IN THIS SPACE

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

| | |
|--|--|
| 4. FEI Number 65-0893415 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 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** DATE: **4-8-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTIN, LARRY A 5873 THREE IRON DRIVE # 502 NAPLES FL 34110 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MARTIN, LARRY A 5873 THREE IRON DR # 502 NAPLES FL 34110 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4655 ST. CROIX LA #1437 NAPLES, FL 34109 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4655 ST CROIX LA #1437 NAPLES, FL 34109 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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** DATE: **4-8-01** DAYTIME PHONE #: **941-849-4448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)