FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P9900013195 LARRY A. MARTIN CUSTOM BUILDER INC. 4-12-2001 90004 040 ***150.00 Principal Place of Business Mailing Address 5873 THREE IRON DRIVE 5873 THREE IRON DRIVE NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business Mailing Address 4655 ST. CROIX 4655 ST. CROIX LA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0893415 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN, LARRY A Street Address (P.O. Box Number is Not Acceptable) 4655 51. CRO/X LA = 1437 **5873 THREE IRON DR 502** NAPLES FL 34110 Zip Code, 8. The above named egity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 4-8-01 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete ☐ Addition TITLE TITLE MARTIN, LARRY A 4655 ST. CROIN LA #1437 STREET ADDRESS 5873 THREE IRON DRIVE # 502 STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Delete MARTIN, LARRY A NAME 4655 ST CROIX XA A1437 NAPLES, FL. 34109 STREET ADDRESS 5873 THREE IRON DR # 502 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE _ 🔲 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

SIGNATURE:

SIGNATURE AND DIFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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