

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **999000052683**

1. Entity Name
Martin Plumbing Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10753 Hwy. 441 North Suite, Apt. #, etc.		3. Mailing Address 10753 Hwy. 441 North Suite, Apt. #, etc.	
City & State Okeechobee, FL Zip 34972 Country USA		City & State Okeechobee, FL Zip 34972 Country USA	

REINSTATEMENT 00-02
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0926879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

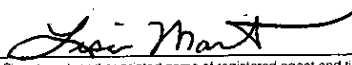
7. Name and Address of Current Registered Agent

Name **Lisa Martin**

Street Address (P.O. Box Number is Not Acceptable) **2305 N.E. 131st Lane**

City **Okeechobee** FL Zip Code **34972**

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  (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lisa Martin 2305 N.E. 131st Lane Okeechobee, FL 34972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500006231295--9 -07/05/02--01076--020 ***1058.75 ***1058.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Howard Martin, Jr. 2305 N.E. 131st Lane Okeechobee, FL 34972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$72/3
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/01)