

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077716

1. Entity Name

D.P. MARTIN & ASSOCIATES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90011 012 ***150.00

Principal Place of Business

Mailing Address

C/O THE DECARLO GROUP
1001 BRICKELL BAY DR. SUITE 2706
MIAMI FL 33131

C/O THE DECARLO GROUP
1001 BRICKELL BAY DR. SUITE 2706
MIAMI FL 33131-4940

2. Principal Place of Business

203E Royal Poinciana Way

3. Mailing Address

203E Royal Poinciana Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

City & State

Palm Beach, Florida

4. FEI Number

65-0948139

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, DOUG P
C/O THE DECARLO GROUP
1001 BRICKELL BAY DR, SUITE 2706
MIAMI FL 33131

Name
Doug P. Martin

Street Address (P.O. Box Number is Not Acceptable)
203E Royal Poinciana Way

City
Palm Beach

FL

Zip Code
33480

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ ☐ Delete
NAME ~~MARTIN, DOUG P~~
STREET ADDRESS ~~1001 BRICKELL BAY DR, SUITE 2706~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Doug P. Martin PSTD
STREET ADDRESS 203E Royal Poinciana Way
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #