

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077716

1. Entity Name

D.P. MARTIN & ASSOCIATES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90366 004 ***150.00

Principal Place of Business

203E ROYAL POINCIANA WAY
PALM BEACH FL 33480

Mailing Address

203E ROYAL POINCIANA WAY
~~1001 BRICKELL BAY DR. SUITE 2706~~
PALM BEACH FL 33480

00054948



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

203 E Royal Poinciana Way

Suite, Apt. #, etc.

Ste E

City & State

Palm Beach, FL

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0948139

Applied For

Not Applicable

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

MINTMIRE, DONALD F ESQ
265 SUNRISE AVENUE, SUITE 204
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 ☐ 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 PSTD
STREET ADDRESS MARTIN, DOUG P
CITY-ST-ZIP 203 E ROYAL POINCIANA WAY
PALM BEACH FL 33480

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

561-832-1917

Daytime Phone #

CR2E034 (10/00)