

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90014 025 ***550.00

DOCUMENT# P99000077716

1. Entity Name **D.P. MARTIN & ASSOCIATES, INC.**

Principal Place of Business
203 E ROYAL POINCIANA WAY
SUITE E
PALM BEACH FL 33480

Mailing Address
203 E ROYAL POINCIANA WAY
SUITE E
PALM BEACH FL 33480

2. Principal Place of Business

512 N Country Club Dr.

Suite, Apt. #, etc.

3. Mailing Address

512 N. Country Club Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Atlantis, FL

Zip
33462

Country
USA

City & State
Atlantis, FL

Zip
33462

Country
USA

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 ESO
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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME **PSTD MARTIN, DOUG P** ☐ Delete
 STREET ADDRESS **203 E ROYAL POINCIANA WAY**
 CITY-ST-ZIP **512 N. Country Club Dr. ATLANTIS, FL 33462**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 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

Sep. 6/02

Date

Daytime Phone #

CR2E034 (4/02)