941-278-1073

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 08, 2001 8:00 am Secretary of State DOCUMENT # P99000086817 1. Entity Name JOEL F. MARTINEAU, P.A. 08-08-2001 90008 024 ***550.00 Principal Place of Business Mailing Address 4575 VIA ROYALE #218 4575 VIA ROYALE #218 FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State · 4. FEI Number Applied For 65-0952343 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.= Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEAU, JOEL F Street Address (P.O. Box Number is Not Acceptable) 4575 VIA ROYALE #218 FORT MYERS FL 33919 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MARTINEAU, JOEL F NAME STREET ADDRESS 4575 VIA ROYALE #218 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 TITHE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F Change ☐ Addition 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-ZIP 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 instee 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 appears, with all other like empowered.

REQUIDELE Mut, near
ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: