

DOCUMENT # P99000107886

1. Entry Name

JAMES MARTIN LANDSCAPING, INC.

Principal Place of Business

Mailing Address

9205 N LATHAM STREET
PENSACOLA FL 325149205 N LATHAM STREET
PENSACOLA FL 32514FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 PM 5:00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3574085

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JAMES A JR
9205 N LATHAM STREET
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

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 releasing;

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. PRESIDENT OFFICERS AND DIRECTORS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
JAMES A. MARTIN
9205 N. LATHAM ST
PENSACOLA, FL 32514TITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE 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: James A. Martin

JAMES A. MARTIN

10/20/00

850 857-1098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)