

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90156 010 ***150.00

DOCUMENT # **S38600**

1. Entity Name

Miss Martha, Inc.



DO NOT WRITE IN THIS SPACE

10065091

2. Principal Place of Business

233 Water Street

3. Mailing Address

P.O. Box 697

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Apalachicola FL

City & State
Apalachicola FL

4. FEI Number

59-3060019

Applied For

Not Applicable

Zip
32320

Country
U.S.

Zip
32320

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Shuler, J. Gordon

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

34 - 4th. Street

City

Apalachicola

FL

Zip Code

32320

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DC.
WARD olar
111 Avenue C
Apalachicola FL 32320**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D.V.P.
Ward, Walter Mack
2620 Bluff Road
Apalachicola, FL 32320**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
Ward, Rachel L
2620 Bluff Road
Apalachicola, FL 32320**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D.P
Ward, Thomas L.
137 Long Road
Apalachicola FL 32320**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter M. Ward D.V.P

4-8-03

852 653-8790

Date

Daytime Phone #

CR2E034B (12/02)