

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S63685

1. Entity Name

MARTHA'S JEWELRY, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90027 032 ***150.00

80019419



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

250 SOUTH OCEAN BLVD
MANALAPAN FL 33462
US

250 S OCEAN BLVD
MANALAPAN FL 33462-3312
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

261 S. Ocean Blvd.

261 S. Ocean Blvd.

City & State
Manalapan, FL

City & State
Manalapan FL

Zip
33462

Country
US

Zip
33462

Country
US

4. FEI Number 06-5140139

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

OLIVER, JODY H.
701 US ONE
SUITE 402
N PALM BEACH FL 33408

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VELLANO, ANTHONY SR.
36105 S. OCEAN BLVD, #603
S. PALM BEACH FL 33480 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
P
VELLANO, MARTHA
3610 S. OCEAN BLVD, #603
S. PALM BEACH FL 33480 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

2-7-00 561 5331125

CR2E034 (9/99)