

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98654

1. Entity Name

MARTIN MANAGEMENT CONSULTING, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90075 020 ***150.00

Principal Place of Business

Mailing Address

2511 DOLLY BAY DR
 #306
 PALM HARBOR FL 34684
 US

P.O. BOX 98
 PALM HARBOR FL 34682-0098
 US

2. Principal Place of Business

590 Baywood Dr., N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

4. FEI Number

59-3094217

Applied For

Not Applicable

Zip

Country

34698

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB P.A.
 2475 ENTERPRISE RD
 S200
 CLEARWATER FL 34623

7. Name and Address of New Registered Agent

Name

WILLIAM W. MARTIN

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

590 BAYWOOD DR. N.

City

DUNEDIN

FL

Zip Code

34698

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

William W. Martin WILLIAM W. MARTIN, PRESIDENT

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTS	MARTIN, WILLIAM W.	2511 DOLLY BAY DR #306	PALM HARBOR FL 34684	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		590 BAYWOOD DRIVE N.	DUNEDIN, FL 34698	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

William W. Martin WILLIAM W. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

727-753-5468

Daytime Phone #

CR2E034 (9/99)