

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98654

1. Entity Name

MARTIN MANAGEMENT CONSULTING, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90155 007 ***150.00

Principal Place of Business

590 BAYWOOD DR N
DUNEDIN FL 34698
US

Mailing Address

~~P.O. BOX 98
PALM HARBOR FL 34682
US~~

00045394



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

590 BAYWOOD DR. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUNEDIN, FL

4. FEI Number 59-3094217

Applied For

Not Applicable

Zip

Country

Zip

Country

34698

US

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

MARTIN, WILLIAM W
590 BAYWOOD DR N
DUNEDIN FL 34698

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, 2001 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
MARTIN, WILLIAM W.
590 BAYWOOD DRIVE N
DUNEDIN FL 34698

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4/24/01 727-784-6500 x204
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)