

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V21987**

1. Entity Name

MARTIN ATKINS U.S.A., INC.**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90004 046 ***150.00

0286796

Principal Place of Business 1220 US HWY 1 STE B NORTH PALM BEACH FL 33408 US	Mailing Address 1220 US HWY 1 STE B NORTH PALM BEACH FL 33408 US
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2. Principal Place of Business <i>12575 US Hwy 1</i>	3. Mailing Address <i>12575 US Hwy 1</i>
Suite, Apt. #, etc. <i>201</i>	Suite, Apt. #, etc. <i>201</i>

City & State <i>JUNO BEACH FL</i>	City & State <i>JUNO BEACH FL</i>
Zip <i>33408</i>	Zip <i>33408</i>
Country <i>USA</i>	Country <i>USA</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0323448		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ATKINS, MARTIN 1220 US HWY 1 STE B NORTH PALM BEACH FL 33408		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>12575 US Hwy 1</i> <i>STE 201</i> City <i>JUNO BEACH</i> FL Zip Code <i>33408</i>		

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 reinstalling)

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 State10. 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	DP ATKINS, MARTIN 1220 US HWY 1 STE B NORTH PALM BEACH FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SAME</i> <i>12575 US Hwy 1 STE 201</i> <i>JUNO BEACH FL 33408</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)