

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90058 047 \*\*\*150.00

02/09/03 AV

**DOCUMENT # H39343**

1. Entity Name  
**ROY EMERSON, INC.**



Principal Place of Business  
**C/O ROY EMERSON**  
~~18005 NE 33RD PL~~  
~~N MIAMI BEACH FL 33160~~

Mailing Address  
**C/O FREISTT**  
**16211 N.E. 18 AVE**  
**N MIAMI BEACH FL 33162**  
**US**

**90007103**



2. Principal Place of Business  
**C/O ROY EMERSON**

3. Mailing Address

Suite, Apt. #, etc.  
**2221 ALTA VISTA DR**

Suite, Apt. #, etc.

City & State  
**NEWPORT BEACH,**

City & State

Zip  
**CA 92660** Country  
**U.S.A.**

Zip Country

4. FEI Number **59-2465245**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMERSON, ROY**  
**16211 NE 18TH AVE**  
**N MIAMI BEACH FL 33162**

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**EMERSON, ROY E.**  
**16211 NE 18TH AVE**  
**N MIAMI BEACH FL 33162**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change  Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED ROY EMERSON JAN 14<sup>TH</sup> 2003 949-644-6505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)