2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H93351** EMERSON ENTERPRISES OF PENSACOLA, INC. FILED 00 JUL 17 PM 12: 25 Mailing Address Principal Place of Business SECRETARY OF STATE 4755 SPANISH TRAIL 4755 SPANISH TRAIL OTF CI STE C1 TALLAHASSEE, FLORIDA PENSACOLA FL 32504-5006 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address 3976 Menendez Drive Same Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2621914 32503 Same Not Applicable Pensacola, FL Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EMERSON, EVON C Street Address (P.O. Box Number is Not Acceptable) 3976 MEREDEZ DR. PENSACOLA FL 32503 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change TITLE Delete TITLE Emerson, Evon C. EMERSON, EVON C NAME É034 8867 BURNINGTREE RD. STREET ADDRESS 3976 Menendez Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 Pensacola, FL Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change C Defete TITLE NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Change Delete STREET ADDRESS STREET ADDRESS C/TY-57-7/P CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZW ☐ Addition TITLE ☐ Change DLIE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-\$T-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 ceth; 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:



EMERSON ENTERPRISES, INC.

3976 Menendez Drive Pensacola, FL 32503 (850) 436-4848 • Fax (850) 432-6205 Attachment 0# 1+93351 pw 68/13 Pg 292

June 29, 2000.

Department of State
Division of Corporations
Uniform Business Report Filings.
P.O. Box 1500
Tallahassee, FL 32302-1500

To the Appropriate Persons:

Enclosed is my check in the amount of \$150.00. I am requesting you not charge me the additional \$450 for late filing. This year my husband had a heart attack and I forwarded all my tax information to my accountant in S. Portland Maine. This report was in that group of papers. The accountant was not aware this report was in the tax papers I had sent to them and I wasn't aware I had sent them the report by mistake. They just located the report this week and sent it back to me. I received the report today and am sending it off immediately to you.

Thank you very much for your consideration.

Sincerely,

Evon Emerson

Enclosure