

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90007 040 ***550.00

DOCUMENT # S10899
1. Entity Name
Emerald Coast Waterproofing and Painting, Inc.

Principal Place of Business
117 Mountain Drive
Mailing Address
117 Mountain Drive

2. Principal Place of Business
117 Mountain Drive
 Suite, Apt. #, etc.
3. Mailing Address
117 Mountain Drive
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Destin, Florida **4. FEI Number** 59-210303600 **Applied For**
City & State Destin, Florida **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**
Zip 32541 **Country** USA **Zip** 32541 **Country** USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name Mary K. Kraemer
Street Address (P.O. Box Number is Not Acceptable)
607 Highway 98 E
City Destin **FL** **Zip Code** 32541

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 Mary K. Kraemer **DATE** 7/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE <u>President</u> | <input type="checkbox"/> Delete |
| NAME <u>Craig Bernard</u> | |
| STREET ADDRESS <u>3016 Detroit</u> | |
| CITY-ST-ZIP <u>Destin, FL 32541</u> | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: [Signature] **DATE** 7.23.01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)