FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **L50670** 1. Entity Name EMERALD COAST CARTAGE, INC. 01-20-2000 90129 003 ***150.00 Principal Place of Business Mailing Address 16530 PERIDO KEY DR. PERDIDO KEY DR. วิเพลิสฉีนีโA FL 32507 PENSACOLA FL 32507-9521 B0004648 2. Principal Place of Business 3. Mailing Address 4623 PERDIDO KEY DR. DR. 14623 PERDIDO KET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ZO4 WEST 204 WEST City & State City & State Applied For 4. FEI Number 59-2990980 PENSACOLA PENSACOLA Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32507 ESCAMBIA 3 2507 ESCAMBIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLGMONS, RUSSELL -CLEMONS, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 14623 PERDIDO KET DR 16530 PERIDO KEY DRIVE PENSACOLA FL 32507 Zip Code 3 2 507 PENSACOLA 8. The above name statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PDCS** PDC TITLE ☐ Delete TITLE Change RUSSELL CLEMMONS, RUSSEL CLEMONS NAME 14623 PERDIDO KEY DRIVE, # 204 WEST 16530 PERIDO KEY DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32507 CITY-ST-ZIP PENSACOLA FL CITY-\$T-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in powered 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 attach

SIGNATURE: