

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

0002564

DOCUMENT # 498786

1. Entity Name
E. M. A., INC.

04-20-2001 90023 010 ***150.00

Principal Place of Business

**15 DOLPHIN DR
ST AUGUSTINE FL 32084**

Mailing Address

**15 DOLPHIN DR
ST AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1666702**

Applied For
Not Applicable

Zip
32080

Country

Zip
32080

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, MARK
20 CUNA STREET
ST. AUGUSTINE FL 32084**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 State**

10. 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 **PD** ☐ Delete
NAME **ALEXANDER, EMILY M**
STREET ADDRESS **15 DOLPHIN DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Change zip code to 32080**

TITLE **VTM** ☐ Delete
NAME **ALEXANDER, MARK D.**
STREET ADDRESS **234 COQUINA AVE.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Change zip code to 32080**

TITLE **S** ☐ Delete
NAME **ALEXANDER, MARGO J.**
STREET ADDRESS **234 COQUINA AVE.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Change zip code to 32080**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE: Emily M. Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

Daytime Phone #

CR2E034 (10/00)