2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G25718 1. Entity Name EMDA INVESTMENTS, INC.								FILED Feb 01, 2000 8:00 am Secretary of State						
LINDA IN	IA CO I IAICI	410, n40.							2-01-200	_				
Principal Plac	ce of Busines	s	Mailing Address											
% fred M. Rin 1301 Riverplac Jacksonville US	CE BLVD. SUI	TE 1500	% FRED M. RINGEL 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE FL 32207-9000 US					1180(0) 00(0		FINDOLINII JUUL			II 8:8 11: 1 88 1	
2. Principal P	Place of Busin	ness	3. Mailing Address				DO NOT WRITE IN THIS SPACE							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.											
City & Stat	te		City & State				4. F	El Number	59-226	2006			oplied For ot Applicable	
Zip		Country	₋ Zip	Coun	itry_ ,		5. C	ertificate c	f Status Des	ired		8.75 Add ee Require		
	6. Name	and Address of Current	Registered Agent		Name		7. N	ame and A	Address of 1	New Regi	stered A	gent		
	EL, FRED I					idress (F	s (P.O. Box Number is Not Acceptable)							
	riverpla e 1500	CE BLVD												
	SONVILLE	FL 32207			City			_			FL	Zip Cod	le	
8. The above	e named entit	y submits this statement fo	r the purpose of changing its	register	ed office or	registere	ed age	ent, or both	, in the State	of Florida	3.	.1		
SIGNATURE		,									DATE			
O This seem		or printed name of registered agent a			d Agent signatu		when rei	nstating)			DATE			
Tax filing r	_	ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	e		tion Campa t Fund Conti	-	cing 🔲)0 May Be d to Fees	
11.	IDP	OFFICERS AND	DIRECTORS Delete	12. TITU	. 1		ADI	DITIONS/C	HANGES T	OFFICE	RS AND	DIRECTOR Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	RINGEL, F	RPLACE BLVD., #1500	Detete	NAM STRE								Origings		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SORRELL, 1301 RIVE JACKSON	RPLACE BLVD., #1500	☐ Delete		I		~ 7€ ⁴	***	. ~	الله د من مستندح	ا جسوب پ	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		- 1				,			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$		☐ Delete				•••					☐ Change	Addition	
13. I hereby indicated of the col	l on this repo rporation or t	rt or supplemental report is he receiver or trustee empo	this filing does not qualify fo true and accurate and that r swered to execute this report with all other like empowered	my signa ∶as requi	ture shall ha	ave the s	ame le	egal effect.	as if made u	ınder oath	n: that I ar	n an officer	or director r Block 12 if	

FIGURATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

Date

D SIGNATURE: