

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H33383

1. Entity Name  
**EML CORPORATION**

Principal Place of Business  
**% ELIZABETH M. LINDSAY  
701 17TH AVENUE WEST  
BRADENTON FL 34205-7665**

Mailing Address  
**% ELIZABETH M. LINDSAY  
701 17TH AVENUE WEST  
BRADENTON FL 34205-7665**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2509706**

Applied For

Not Applicable

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

**LINDSAY, ELIZABETH M.  
701 17TH AVENUE WEST  
BRADENTON FL 33505**

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	<input type="checkbox"/> Delete
NAME	LINDSAY, ELIZABETH M.	
STREET ADDRESS	701 17TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, BARBARA	
STREET ADDRESS	1428 INDIAN WOOD DR	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WARREN, JUDITH	
STREET ADDRESS	2575 PEACHTREE ROAD #20B	
CITY-ST-ZIP	ATLANTA GA 30305	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELIZABETH M LINDSAY**

Date

Daytime Phone #

**Jan 6, 2001 941-798-5706**

**FILED  
Jan 20, 2001 8:00 am  
Secretary of State**

01-20-2001 90028 002 \*\*\*150.00

**605745**



DO NOT WRITE IN THIS SPACE

05-03560

CR2E034 (10/00)