

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90079 027 ***150.00

0126026 AV

DOCUMENT # H61946

1. Entity Name
EMLN ASSOCIATES, INCORPORATED

Principal Place of Business

~~2855 OCEAN DRIVE, SUITE D-4~~
VERO BEACH FL 32963
US

Mailing Address

~~2855 OCEAN DRIVE, SUITE D-4~~
VERO BEACH FL 32963
US

511224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2406 OCEAN DR.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

59-2547860

Applied For

Not Applicable

Zip

32963

Country

INDIAN RIVER

Zip

32963

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GARCIA, NENA

~~2855 OCEAN DRIVE STE D-4~~
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

40 T.E. GORDON

Street Address (P.O. Box Number is Not Acceptable)

2406 OCEAN DRIVE

City

VERO BEACH

FL

Zip Code

32963

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

Nena Garcia, NENA GARCIA

3/1/02

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, 2002 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

TITLE PD ☐ Delete
NAME GORDON, THEODORE E.
STREET ADDRESS 2406 OCEAN DR.
CITY-ST-ZIP VERO BEACH FL

TITLE SD ☐ Delete
NAME GORDON, ELIZABETH S.
STREET ADDRESS 2406 OCEAN DR.
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE E. GORDON

561-231-6182

3/1/02

Daytime Phone #

CR2E034 (9/01)