

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90598 007 ***150.00

DOCUMENT # J02144

1. Entity Name

EMF DEVELOPMENT SERVICES, INC.

Principal Place of Business

FLEIS ASSOCIATES, INC.
 1090 HIGHWAY A1A, STE. 200
 SATELLITE BCH. FL 32937

Mailing Address

FLEIS ASSOCIATES, INC.
 1090 HIGHWAY A1A, STE. 200
 SATELLITE BCH. FL 32937

2. Principal Place of Business

2060 HIGHWAY A1A

Suite, Apt. #, etc.

SUITE 308

City & State

INDIAN HARBOR BEACH

Zip

Country

32937

USA

3. Mailing Address

2060 HIGHWAY A1A

Suite, Apt. #, etc.

SUITE 308

City & State

INDIAN HARBOR BEACH

Zip

Country

32937

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2649730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FLEIS, EDWARD M.
 1090 HIGHWAY A1A
 SUITE 200
 SATELLITE BCH. FL 32937

7. Name and Address of New Registered Agent

Name

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

2060 HIGHWAY A1A

SUITE 308

City

INDIAN HARBOR BEACH

FL

Zip Code

32937

8. The above named entity certifies 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

TITLE	PV	<input type="checkbox"/> Delete
NAME	FLEIS, EDWARD M.	
STREET ADDRESS	1090 HIGHWAY A1A STE 200	
CITY-ST-ZIP	SATELLITE BCH. FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FLEIS, BARBARA A.	
STREET ADDRESS	1090 HIGHWAY A1A STE 200	
CITY-ST-ZIP	SATELLITE BCH. FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
NAME	
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

Date

Daytime Phone #

CR2E034 (10/00)