## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 11, 2002 8:00 am Secretary of State DOCUMENT # 1. Entity Name 03-11-2002 90074 011 \*\*\*150.00 EMF DEVELOPMENT SERVICES, INC. FLEIS ASSOCIATES, INC. Principal Place of Business Mailing Address 2060 HIGHWAY ATA 2060 HIGHWAY ATA SUITE 308 SUITE 308 INDIAN HARBOR BEACH FL 32937 INDIAN HARBOR BEACH FL 32937 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2649730 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLEIS. EDWARD M. Street Address (P.O. Box Number is Not Acceptable) 2060 HIGHWAY A1A SUITE 308 INDIAN HARBOR BEACH FL 32937 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition TITLE TITLE ☐ Delete NAME NAME FLEIS, EDWARD M. FLEIS, EDWARD M. STREET ADDRESS 1090 HIGHWAY A1A STE 200 STREET ADDRESS 2060 Highway A1A, Suite 308 CITY-ST-ZIP Indian Harbour Beach, FL 32937 CITY-ST-ZIP SATELLITE BCH. FL ☐ Addition Change Change ☐ Delete TITLE TITLE NAME FLEIS, BARBARA A. NAME FLEIS, BARBARA A. 2060 Highway A1A, Suite 308 STREET ADDRESS STREET ADDRESS 1090 HIGHWAY A1A STE 200 Indian Harbour Beach, FL 32937 CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH. FL ☐ Defète TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information supplies that it is filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information supplies the information supplies that the information supplies the information supplies the information supplies that the information supplies the information suppl

**FILED**