01 UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
01 JUL 18 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J12452

Entity Name
Emr Construction Inc.

Principal Place of Business / Mailing Address
282 Capron Rd.
Cocoa Fl. 32927

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
592701222
Applied For
Not Applicable

5. Name and Address of Current Registered Agent
George A. Emr Pres.
282 Capron Rd.
Cocoa FL. 32927

6. Certificate of Status Desired $8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 date 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)

10. Election Campaign Financing Trust Fund Contribution. $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE P NAME George A.Emr Pres. STREET ADDRESS 282 Capron Rd. CITY-ST-ZIP Cocoa Fl. 32927	☐ Delete	
TITLE S.T NAME George A.Emr STREET ADDRESS 282 capron rd. CITY-ST-ZIP Cocoa Fl.32927	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12. TITLE Vp NAME Nancy E.Emr STREET ADDRESS 282 capron Rd. CITY-ST-ZIP Cocoa Fl.32927	☐ Change	☑ Addition
TITLE V.P NAME Kathrine Emr-Marie STREET ADDRESS 955 Tope St. CITY-ST-ZIP Cocoa Fl.32927	☐ Change	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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CR2E034 (11/00)

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: George A.Emr Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

6/8/01
Date

6/8/01
Daytime Phone #