## 01 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # J40528

EMBRY, PHIL

8. The above named

(See criteria on back)

**PVS** 

SIGNATURE .

11.

TITLE

NAME

TITLE NAME

TITLE NAME

TITLE NAME

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

RT 4, BOX 205

SUMMERLAND KEY FL 33042

9. This corporation is eligible to satisfy its Int.

Tax filing requirement and elects to do s

EMBRY, PHIL

RT 4, BOX 205

SUMMERLAND KEY FL

1. Entity Name PHIL EMBR	Y CONSTRUCTION, I	NC.	
Principal Place of Business		Mailing Address	
1009 OCEAN DR SUMMERLAND KEY FL 33042 US		1009 OCEAN DR SUMMERLAND KEY FL 33042 · US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
	5. Name and Address of Cu	rrent Registered Agent	

nd title if applicable

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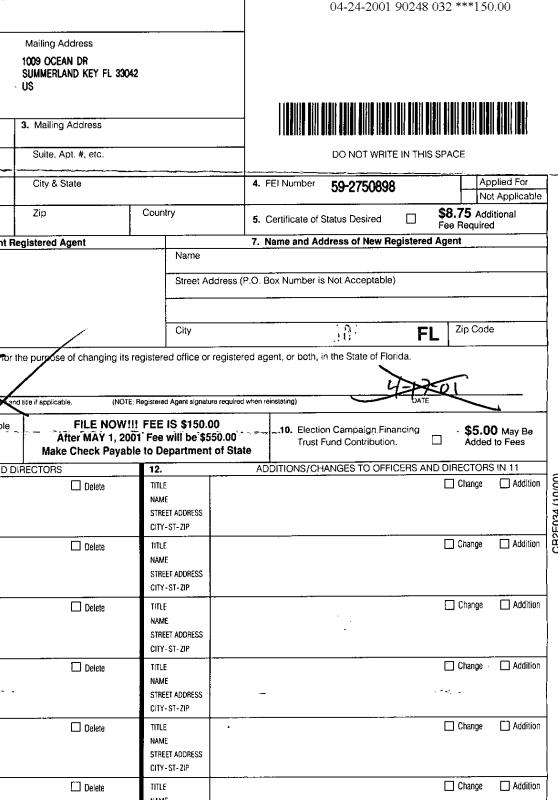
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gible

OFFICERS AND DIRECTORS

## Apr 24, 2001 8:00 am Secretary of State

04-24-2001 90248 032 \*\*\*150.00



CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied w alify 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 the corporation or the receiver or trustee e and that my glature shall have the same legal effect as if made under oath; that I am an officer or director 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 add

STREET ADDRESS

FILE NOW!!! FEE IS \$150.00

Make Check Payable to Department of State

After MAY 1, 2001 Fee will be \$550.00

12.

TITLE

NAMÉ

TITLE

NAME STREET ADDRESS

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NAME

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NAME STREET ADDRESS

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NAME STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR