

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J65994

1. Entity Name
EMERICK & ASSOCIATES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90002 010 ***150.00

Principal Place of Business
2156 PONCE DE LEON CIRCIE
VERO BEACH FL 32960
US

Mailing Address
1256 36TH AVE
VERO BEACH FL 32960-3849
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2784139

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMERICK, MARCIA
1256-36TH AVE
VERO BEACH FL 32960-3933

Name MARCIA Emerick-Michael

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

City

FL

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 Marcia Emerick-Michael

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

429.00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME EMERICK, MARCIA A.
STREET ADDRESS 1256 36TH AVE
CITY-ST-ZIP VERO BEACH FL

☒ Delete

TITLE PTD
NAME Marcia Emerick-Michael
STREET ADDRESS Same Address
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: Marcia Emerick-Michael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00 561
562-4710

Date

Daytime Phone #

CR2E034 (9/99)