

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90049 008 ***150.00

DOCUMENT # **J 75470 (1)**

1. Entity Name

Emma's Place Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Emma's Place INC

3. Mailing Address

1151 Wilkwood St

State, Apt. #, etc.

S South Missouri AU

State, Apt. #, etc.

Cleawater, FL

City & State

Cleawater, FL

City & State

Cleawater, FL

Zip

33756

CITY

Pinellas

Zip

33756

CITY

Pinellas

4. FE Number

59-2842181

Applied for

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registration office or registered agent, or both, in the state of Florida.

SIGNATURE

Emma's Place Inc.

Signature typed or printed name of entity or authorized officer or director

NOTE: Registered Agent signature required when changing

DATE

FEES
FEE OF \$10.00
FEE OF \$10.00

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

State Check Payment is
required when filing

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE

TITLE
NAME
STREET ADDRESS
CITY-STATE

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CITY-STATE

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation or the person or duly empowered employee to execute this report as required by Chapter 67, Florida Statutes; and that my name appears in Block 10 or on a subsequent page with an address, with a "other" designation.

SIGNATURE

Emma's Place Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Typed or Printed Name

CR2E037B (12/01)