

2001 UNIFORM BUSINESS REPORT (UBR)

0016962 AF

DOCUMENT # L00000001703

1. Entity Name

EMSSB, LLC

FILED

01 MAY -2 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
400 NORTH ASHLEY DRIVE, SUITE 2050
ATTN: RICHARD D. ECKHARD
TAMPA FL 33601

Mailing Address
400 NORTH ASHLEY DRIVE, SUITE 2050
ATTN: RICHARD D. ECKHARD
TAMPA FL 33601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTERSTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
MIAMI FL 33131

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME Richard D. Eckhard
STREET ADDRESS P.O. Box 1288
CITY-ST-ZIP Tampa, Florida 33601-1288

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Andy May
STREET ADDRESS P.O. Box 1288
CITY-ST-ZIP Tampa, Florida 33601-1288

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME James H. Shimberg, Jr.
STREET ADDRESS P.O. Box 1288
CITY-ST-ZIP Tampa, Florida 33601-1288

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Sheryl Sklorman
STREET ADDRESS P.O. Box 1288
CITY-ST-ZIP Tampa, Florida 33601-1288

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Anderson L. Baldy III
STREET ADDRESS P.O. Box 1288
CITY-ST-ZIP Tampa, Florida 33601-1288

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Richard D. Eckhard
Richard D. Eckhard

APR 26, 2001 227-6417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)