

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

UJ1435  
AP

DOCUMENT # L00000005327

1. Entity Name  
E-MERGENCY INTERNATIONAL, LLC

01 APR 26 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4205 SALTWATER BLVD.  
TAMPA FL 33615

Mailing Address  
4205 SALTWATER BLVD.  
TAMPA FL 33615



DO NOT WRITE IN THIS SPACE

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

TONER, STEPHEN J  
4205 SALTWATER BLVD  
TAMPA FL 33615

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 Partner  
STREET ADDRESS Stephen J. Toner  
CITY-ST-ZIP 4205 Saltwater Blvd.  
Tampa FL 33615

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

TITLE ☐ Delete  
NAME Partner  
STREET ADDRESS Robert Hebert  
CITY-ST-ZIP 2905 Hermitage Blvd.  
Venice, FL 34292

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

TITLE ☐ Delete  
NAME Partner  
STREET ADDRESS James Blanco  
CITY-ST-ZIP 3414 Picwood Rd.  
Tampa, FL 33618

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

TITLE ☐ Delete  
NAME Partner  
STREET ADDRESS Thomas Birt  
CITY-ST-ZIP 300 Second Ave. S.E., Box 12  
St. Petersburg, FL 33701

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

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:

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

Date

Daytime Phone #

Stephen J. Toner 01/15/01 (813) 282-9099

CR2E083 (11/00)