

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90053 011 ***158.75

0037362

DOCUMENT # L61747

1. Entity Name

EMERALD COAST HOME SERVICES INC.

Principal Place of Business

**2040 LUNETTA ST.
 NAVARRE FL 32566
 US**

Mailing Address

**8652 NAVARRE PARKWAY
 STE. 149
 NAVARRE FL 32566
 US**

2. Principal Place of Business

3. Mailing Address

8668 NAVARRE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

149

City & State

City & State

4. FEI Number **59-3055553**

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

**DARREL TUTTLE
 9139 QUAIL ROOST DR.
 NAVARRE FL 32566**

Name

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

8668 NAVARRE PKWY #149

City

NAVARRE

FL

Zip Code

32566

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 **DARREL TUTTLE PRESIDENT/OWNER**

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

(NOTE: Registered Agent signature required when reinstating)

4-26-01

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, 2001 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 **DP** ☐ Delete
 NAME **TUTTLE, DARREL E.**
 STREET ADDRESS **9139 QUAIL ROOST DR.**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Change ☐ Addition
 NAME **8668 NAVARRE PKWY #149**
 STREET ADDRESS **NAVARRE FL 32566**
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **CAMBERN, CAROL**
 STREET ADDRESS **6778 DEENA LANE**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Change ☐ Addition
 NAME **MRS CAMBERN NO LONGER**
 STREET ADDRESS **WORKS HERE.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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: **DARREL TUTTLE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 850-939-5344
 Date Daytime Phone #

CR2E034 (10/00)