FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # L64021** EMRICK MANAGEMENT SERVICES, INC. 04-16-2001 90006 015 \*\*\*150.00 Principal Place of Business Mailing Address 4865 NORTH A1A P.O. BOX 3521 VERO BEACH FL 32963 VERO BEACH FL 32964 2. Principal Place of Business 3. Mailing Address **೩**೪೩೩ H.O. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City, & State 4. FEI Number Applied For 65-0187170 wo Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMRICK, CATHERINE A. Street Add Number is Not Acceptable) 875 DAHLIA LANE-APT 1 VERO BEACH FL 32963 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change : Addition ;R2E034 (10/00 Delete TITLE TITLE CAtherine En Rick EMRICK, CATHERINE NAME NAME 416 37th Auenue STREET ADDRESS STREET ADDRESS 875 DAHLIA LANE APT 1 Vero Beach , FL CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Detete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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