2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State DOCUMENT # L9400000188 1. Entity Name 05-07-2002 90390 008 ****50.00 EMERALD COAST WOMENS CENTER, P.L. Principal Place of Business Mailing Address 550 W. REDSTONE AVE., STE. 470 550 W. REDSTONE AVE., STE. 470 CRESTVIEW FL 32536 CRESTVIEW FL 32536 100 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3234541 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Caputo, Robert S. CAPUTO, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 550 Redstone Avenue, W. 125 REDSTONE AVE. SUITE A Suite 470 CRESTVIEW FL 32536 City Crestview 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 Robert S. Caputo, MGRM Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change MGRM ☐ Addition NAME GLENN M. BANKERT, P.A. NAME Bankert, Glenn M. STREET ADDRESS 125 REDSTONE AVE., SUITE A STREET ADDRESS 550 Redstone Avenue, W, Suite 470 CITY-ST-ZIF CRESTVIEW FL 32536 CITY-ST-ZIP <u>Crestview, FL 32536</u> MGRM ☐ Delete TITLE MGRM Change Change ☐ Addition NAME ROBERT S. CAPUTO, P.A. NAME Caputo, Robert S. STREET ADDRESS 125 REDSTONE AVE., SUITE A STREET ADDRESS 550 Redstone Avenue W, Suite 470 CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-ZIP <u>Crestview</u>, FL 32536 MGRM ☐ Delete TITLE MGRM Change Addition CABRERA, SERGIO J NAME Cabrera, Sergio J. STREET ADDRESS 125 REDSTONE AVE. STREET ADDRESS 550 Rédstone Avenue W, Suite 470 Crestview, FL 32536 CiTY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21F CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGIN G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED

CR2E083 (9/01)