

# 2001 UNI-ORM BUSINESS REPORT (UBR)

4/18

FILED

May 25, 2001 8:00 am  
Secretary of State

04-18-2001 90040 036 \*\*\*\*61.25

DOCUMENT # N00000000525

1. Entity Name

EMERALD COAST COMETS, INC

AD

Principal Place of Business

Mailing Address

P.O. BOX 341

MARY ESTHER FL 32569-0341

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3621658

Applied For

Not Applicable

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

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete  
NAME STEVEN J. NOBLE  
STREET ADDRESS 139 MILL POND COVE  
CITY-ST-ZIP CRESTVIEW FL 32539 D

TITLE VICE PRESIDENT ☐ Delete  
NAME PETER J. MITCHELL  
STREET ADDRESS P.O. BOX 0132  
CITY-ST-ZIP NICEVILLE FL 32588 T

TITLE TREASURER ☐ Delete  
NAME BETTY HAUGHTON  
STREET ADDRESS 348 EVERGREEN AVE  
CITY-ST-ZIP NICEVILLE FL 32578 T

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES. ☐ Change ☒ Addition  
NAME STEVEN J. NOBLE  
STREET ADDRESS 139 MILL POND COVE  
CITY-ST-ZIP CRESTVIEW FL. 32539

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME PETER J. MITCHELL  
STREET ADDRESS P.O. BOX 0132  
CITY-ST-ZIP NICEVILLE, FL 32588

TITLE TREASURER ☐ Change ☐ Addition  
NAME BETTY HAUGHTON  
STREET ADDRESS 348 EVERGREEN AVE  
CITY-ST-ZIP NICEVILLE FL 32578

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

850-683-3582

Daytime Phone #

CR2E037 (11/00)