

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000525

1. Entity Name

EMERALD COAST COMETS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 341
MARY ESTHER FL 32569-0341

P.O. BOX 341
MARY ESTHER FL 32569-0341

2. Principal Place of Business

3. Mailing Address

956 Rue De Palms

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville FL

Zip

Country

Zip

Country

32578

Okaloosa

6. Name and Address of Current Registered Agent

4. FEI Number

59-3621658

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 PD
NAME NOBLE, STEVEN J
STREET ADDRESS 139 MILL POND COVE
CITY-ST-ZIP CRESTVIEW FL 32539 ☒ Delete

TITLE VPT
NAME MITCHELL, PETER J
STREET ADDRESS P O BOX 0132
CITY-ST-ZIP NICEVILLE FL 32588 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RHONDA STRODE
STREET ADDRESS 956 Rue De Palms
CITY-ST-ZIP Niceville FL 32578 ☐ Change ☒ Addition

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

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

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

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

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

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

Date

Daytime Phone #

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90144 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)