

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90012 021 ****70.00

B0103309

DO NOT WRITE IN THIS SPACE

DOCUMENT #: N97000006352

1. Entity Name
 EMISSARY INCORPORATED ✓

Principal Place of Business **Mailing Address**
 431 KENTWOOD CT.
 SANFORD, FL 32771

2. Principal Place of Business **3. Mailing Address**
 431 KENTWOOD CT. PO BOX 950458
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 SANFORD, FL LAKE MARY, FL

Zip **Country** **Zip** **Country**
 32771 USA 32795 USA

4. FEI Number **Applied For**
 59-3519564 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 KIPI, JEFFREY ESP.
 389 BENTLEY
 OVIDO, FL 32765

7. Name and Address of New Registered Agent
Name LISA B. MIKLER
Street Address (P.O. Box Number is Not Acceptable)
 431 KENTWOOD CT.
City SANFORD **FL** **Zip Code** 32771

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 LISA B. MIKLER *Lisa B. Mikler* 7/15/2000
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 NAME	CHADWELL, JAMES <input type="checkbox"/> Delete
STREET ADDRESS	91,8 KENTON RD.
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544-2209
TITLE NAME	KLEIN, THOMAS A. <input type="checkbox"/> Delete
STREET ADDRESS	409 E2 DESTINADO DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312-1629
TITLE NAME	MIKLER, WILLIAM P. <input type="checkbox"/> Delete
STREET ADDRESS	431 KENTWOOD CT.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE NAME	WREN, DANE <input type="checkbox"/> Delete
STREET ADDRESS	302 BENTWAY LANE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE NAME	ZAMRA, ROBERT SR. <input type="checkbox"/> Delete
STREET ADDRESS	733 RIVERBEND BLVD.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William P. Mikler* **PRESIDENT** 7/15/2000 407.321.8817
Signature and typed or printed name of signing officer or director Date Daytime Phone #