

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90239 033 \*\*\*\*70.00

**DOCUMENT # N97000005352**

1. Entity Name

**EMISSARY INCORPORATED**

Principal Place of Business

**431 KOUTWOOD CT.  
 SANFORD FL 32771**

Mailing Address

**PO BOX 950458  
 LAKE MARY FL 32795**

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3519564**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MIKLER, LISA  
 431 KENTWOOD CT  
 SANFORD FL 32771**

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

*Lisa Mikler*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **CHADWELL, JAMES**  
 STREET ADDRESS **9116 KENTON RD**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544-2209**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KLEIN, THOMAS A**  
 STREET ADDRESS **409 EL DESTINADO DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312-1629**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MIKLER, WILLIAM P**  
 STREET ADDRESS **431 KENTWOOD CT**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WREN, DANE**  
 STREET ADDRESS **398 AMETHYST CT**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ZAHRA, ROBOT SR**  
 STREET ADDRESS **733 RIVERBEND BLVD**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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:

*Lisa Mikler* **REQUIRED**

*July 25, 01* 407-321-8816

001-27

CR2E037 (10/00)