

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90192 034 \*\*\*\*70.00

**DOCUMENT # N97000005352**

1. Entity Name  
**EMISSARY INCORPORATED**

Principal Place of Business

Mailing Address

**431 KOUTWOOD CT.  
 SANFORD FL 32771**

**PO BOX 950458  
 LAKE MARY FL 32795**

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

**59-3519564**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIKLER, USA  
 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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHADWELL, JAMES</b>	
STREET ADDRESS	<b>9116 KENTON RD</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33544-2209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLEIN, THOMAS A</b>	
STREET ADDRESS	<b>409 EL DESTINADO DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312-1629</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MIKLER, WILLIAM P</b>	
STREET ADDRESS	<b>431 KENTWOOD CT</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WREN, DANE</b>	
STREET ADDRESS	<b>398 AMETHYST CT</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZAHRA, ROBOT SR</b>	
STREET ADDRESS	<b>733 RIVERBEND BLVD</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William P. Mikler* 7/5/02 407 321 3817  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)