

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000005352

FILED  
Apr 26, 2003  
Secretary of State

Entity Name: EMISSARY INCORPORATED

**Current Principal Place of Business:**

431 KOUTWOOD CT.  
SANFORD, FL 32771

**New Principal Place of Business:**

431 KENTWOOD CT.  
SANFORD, FL 32771

**Current Mailing Address:**

PO BOX 950458  
LAKE MARY, FL 32795

**New Mailing Address:**

FEI Number: 59-3519564      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIKLER, LISA  
431 KENTWOOD CT  
SANFORD, FL 32771      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CHADWELL, JAMES  
Address: 9116 KENTON RD  
City-St-Zip: WESLEY CHAPEL, FL 335442209

Title: D      ( ) Delete  
Name: KLEIN, THOMAS A  
Address: 409 EL DESTINADO DR  
City-St-Zip: TALLAHASSEE, FL 323121629

Title: D      ( ) Delete  
Name: MIKLER, WILLIAM P  
Address: 431 KENTWOOD CT  
City-St-Zip: SANFORD, FL 32771

Title: D      ( ) Delete  
Name: WREN, DANE  
Address: 398 AMETHYST CT  
City-St-Zip: LAKE MARY, FL 32746

Title: D      ( ) Delete  
Name: ZAHRA, ROBET SR  
Address: 733 RIVERBEND BLVD  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: WREN, DANE  
Address: 302 BENT WAY LANE  
City-St-Zip: LAKE MARY, FL 32746

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. MIKLER

D

04/26/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date