

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 047 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10091081

DOCUMENT # P00000005545		
1. Entity Name EMERALD COAST PROFESSIONAL SERVICES, INC.		
Principal Place of Business 4677 E HWY 20 STE 1 NICEVILLE, FL 32578		Mailing Address 4677 E HWY 20 STE 1 NICEVILLE, FL 32578
2. Principal Place of Business 1169 JOHN SIMS PARKWAY Suite, Apt. #, etc.		3. Mailing Address PO BOX 950 Suite, Apt. #, etc.
City & State Niceville, FL		City & State Niceville, FL
Zip 32588		Zip 32588
4. Name and Address of Current Registered Agent MOORE, BERT 4677 E HWY 20 ST 1 NICEVILLE, FL 32578		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of New Registered Agent Name: BERT MOORE Street Address (P.O. Box Number is Not Acceptable): 1169 JOHN SIMS PARKWAY City: Niceville FL 32588		7. Name and Address of New Registered Agent Name: BERT MOORE Street Address (P.O. Box Number is Not Acceptable): 1169 JOHN SIMS PARKWAY City: Niceville FL 32588
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: [Signature] DATE: 4-22-03 (NOTE: Registered Agent's signature required when registering)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: MILLER, DAVID STREET ADDRESS: 1150 JOHN SIMS PARKWAY CITY-ST-ZIP: NICEVILLE, FL 32578		TITLE: [Change] [Addition] NAME: [Change] [Addition] STREET ADDRESS: 1169 JOHN SIMS PARKWAY CITY-ST-ZIP: [Change] [Addition]
TITLE: D NAME: MILLER, MARILYN STREET ADDRESS: 1150 JOHN SIMS PARKWAY CITY-ST-ZIP: NICEVILLE, FL 32578		TITLE: [Change] [Addition] NAME: [Change] [Addition] STREET ADDRESS: 1169 JOHN SIMS PARKWAY CITY-ST-ZIP: [Change] [Addition]
TITLE: D NAME: RICHARDSON, LIBBY STREET ADDRESS: 1150 JOHN SIMS PARKWAY CITY-ST-ZIP: NICEVILLE, FL 32578		TITLE: [Change] [Addition] NAME: [Change] [Addition] STREET ADDRESS: 1169 JOHN SIMS PARKWAY CITY-ST-ZIP: [Change] [Addition]
TITLE: [Change] [Addition] NAME: [Change] [Addition] STREET ADDRESS: [Change] [Addition] CITY-ST-ZIP: [Change] [Addition]		TITLE: [Change] [Addition] NAME: [Change] [Addition] STREET ADDRESS: [Change] [Addition] CITY-ST-ZIP: [Change] [Addition]
TITLE: [Change] [Addition] NAME: [Change] [Addition] STREET ADDRESS: [Change] [Addition] CITY-ST-ZIP: [Change] [Addition]		TITLE: [Change] [Addition] NAME: [Change] [Addition] STREET ADDRESS: [Change] [Addition] 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 607, 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 employees.		
SIGNATURE: [Signature] DATE: 4-22-03		