

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90092 040 ***150.00

DOCUMENT # P00000006121

1. Entity Name
EMIL PAGLIARI ENTERPRISES, INC.



Principal Place of Business
P.O. BOX 9099
HURLBURT FIELD FL 32544

Mailing Address
P.O. BOX 9099
HURLBURT FIELD FL 32544



2. Principal Place of Business
P.O. Box 1900
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1900
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT. WALTON BEACH, FL
Zip
32549-1900
Country
USA

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FT. WALTON BEACH, FL
Zip
32549-1900
Country
USA

4. FEI Number 59-3642777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAGLIARI, EMIL
519 E. WILLIAMS AVE.
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1526 HERITAGE RD.
City
FT. WALTON BEACH FL Zip Code
32547

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 *Emil Pagliari*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PAGLIARI, EMIL P.O. BOX 9099 HURLBURT FIELD FL 32544	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGLIARI, EMIL P.O. BOX 9099 HURLBURT FIELD FL 32544	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 1900 FT. WALTON BEACH, FL 32549	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 1900 FT. WALTON BEACH, FL 32549	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *Emil Pagliari*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 (850) 803-4165
Date Daytime Phone #

CR2E034 (10/02)