4/17/

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 21, 2001 8:00 am Secretary of State DOCUMENT, # PO0000014853 1. Entity Name 4-17-2001 90085 039 ***158.75 EMPERP.COM INCORPORATED Principal Place of Business Mailing Address 326 GREEN ACRES ROAD 326 GREEN ACRES ROAD FT WALTON BEACH FL 32547 FT WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HACKNEY, ROBERT C Street Address (P.O. Box Number is Not Acceptable) CITY CENTRE AND DOWNSON SALENDER 2000 PGA BLVD., SUITE 4110 XZALMICSEADEX GARDENG SECSONION NORTH PALM BEACH, FI 33408 Zip Code FL 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 DATE Signature, typed or cristed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulard when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Cempaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Channe TITLE ☐ Delete IIILE NAME ROY, MALCOLM R MALIF SIGLER, MOYA CR2E034 STREET ADDRESS 4493 OCEAN VIEW DRIVE 326 GREEN ACRES ROAD STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP FORT WALTON BEACH, FL 32547 DESTIN FL 32541 ☐ Change ____Addition ☐ Delete TITLE TITLE NAME NAME TYNER, ELSIE J STREET ADDRESS STREET ADDRESS 326 GREEN ACRES ROAD CITY-ST-ZIP FORT WALTON BEACH, FL 32547 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: STGLER MOYA = 4/9/01 OFFICER 850_862_1668