

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041969

1. Entity Name
THE EMMOTT COMPANY



APPROVED
AND
FILED

03 AUG 25 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1846 LILLIAN DRIVE
ST CLOUD FL 34771

Mailing Address
1846 LILLIAN DRIVE
ST CLOUD FL 34771

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 59-3643005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMMOTT, DELORIS G
1846 LILLIAN DRIVE
ST CLOUD FL 34771

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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
P
EMMOTT, DELORIS
1846 LILLIAN DRIVE
SAINT CLOUD FL 34771

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10002266544
03/29/03--01062--021 **150.00

☐ Change ☐ Addition

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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 empowered.

SIGNATURE:

DELORIS G EMMOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-03 321-433-1930
Date Daytime Phone #

CR2E034 (4/03)

8-15-03

To whom this concerns
on April 11,
2003 a check was
mailed to you for
\$150.00 (Check # 1024)
written on the Emmons
made out to the FL
Department of state. I
have no idea if it
was lost in mail or @
your end. Last it was
mailed. I have checked
bank statement and
cannot find canceled
check # 1024.

I feel that we

should not have to
pay a \$400.00 penalty
for something that we
cannot have control
over.

would you
please give this your
consideration.

Sincerely
Deborah Emmett

PO0000041969

Attachment #

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