## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P0000047518 1. Entity Name PAUL C. EMERY, P.A. 02-05-2001 90045 010 \*\*\*150.00 Principal Place of Business Mailing Address 2705 PRIVADA DRIVE 2705 PRIVADA DRIVE LADY LAKE FL 32159 LADY LAKE FL 32159 2. Principal Place of Business 3. Mailing Address 13021 SE 55 TH AVE RD 55Tb 13021 SE AVE RD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3649307 Not Applicable SELLEVIER SEILEVIEU \$8.75 Additional 5. Certificate of Status Desired 34420 MARION 34426 MARION Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EMERY, PAUL C Street Address (P.O. Box Number is Not Acceptable) 2705 PRIVADA DRIVE RD LADY LAKE FL 32159 Zip Code **3***リ***リ**<u>る</u>の BELLEVIEW 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE □ Delete TITLE NAME NAME EMERY, PAUL C 13021 SE 55 TH AVE RD STREET ADDRESS STREET ADDRESS 2705 PRIVADA DRIVE CITY-ST-ZIP 34420 BELLEVIEW FL CITY-ST-ZIP ALDY LAKE FL 32159 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR