

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90334 005 ***150.00

DOCUMENT # P00000048961

1. Entity Name

EMERALD COAST RESTORATION, INC.

Principal Place of Business

**101 E BROWARD STREET STE A
PENSACOLA FL 32501**

Mailing Address

**101 E BROWARD STREET STE A
PENSACOLA FL 32501**

2. Principal Place of Business

101 E. Brainerd Street, Ste. A

3. Mailing Address

101 E. Brainerd Street, Ste A

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32501

Country

Escambia

Zip

32501

Country

Escambia

6. Name and Address of Current Registered Agent

SPARLING, ROGER A

**101 E BROWARD STREET STE A
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

101 E. BRAINERD STREET

SUITE A

City

PENSACOLA

FL

Zip Code
32501

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SPARLING, ROGER A**
STREET ADDRESS **101 E BROWARD STREET STE A**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Delete
NAME **SPARLING, RITA J**
STREET ADDRESS **101 E BROWARD STREET STE A**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **101 E. Brainerd St., Ste. A**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **101 E. Brainerd St., Ste A**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4/26/02 (850) 437-0400
Date Daytime Phone #

CR2E034 (9/01)