

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 27, 2001 8:00 am
Secretary of State

03-02-2001 90001 031 ***158.75

DOCUMENT # P00000075552

1. Entity Name

CONSTRUCTION SALES AND SERVICE ON THE EMERALD CO

Principal Place of Business

P.O. BOX 9088
PANAMA CITY BEACH FL 32417

Mailing Address

P.O. BOX 9088
PANAMA CITY BEACH FL 32417

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

59-3658601

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, RICHARD L JR
1021 COX GRADE RD
PANAMA CITY BEACH FL 32407

Name Diane C. HARE, CPA

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

3003 South Highway 77

Suite A

City Lynn Haven

FL

Zip Code 33444

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

Diane C. Hare CPA

01-23-01

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DPST COX, RICHARD L JR P.O. BOX 9088 PANAMA CITY BEACH FL 32417	☐		☐
	☐		☐
	☐		☐
	☐		☐
	☐		☐
	☐		☐

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

Date

Daytime Phone #

CR2034 (10/00)