2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000080694

Entity Name: THE EMBER GROUP, INC.

Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

489 MAGELLAN DRIVE 1111 N. GULFSTREAM AVENUE

SARASOTA, FL 34243 #10-B

SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

489 MAGELLAN DRIVE 1111 N. GULFSTREAM AVENUE

SARASOTA, FL 34243 #10-B

SARASOTA, FL 34236

FEI Number: 65-1034705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLLINS, CAROLYN BARKER

489 MAGELLAN DRIVE

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SARASOTA, FL 34243 #10-B SARASOTA, FL 34236

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: 04/30/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: COLLINS, DAVID CHARLES Name: COLLINS, DAVID CHARLES

Address: 489 MAGELLAN DRIVE Address: 1111 N. GULFSTREAM AVENUE, #10-B

City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34236

Title: D () Delete Title: D (X) Change () Addition

Name: COLLINS, CAROLYN BARKER

Address: Address: 1414 N. CHI ESTREAM AVENUE #40.B

Address: 489 MAGELLAN DRIVE Address: 1111 N. GULFSTREAM AVENUE, #10-B

City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34236

Title: D () Delete Title: D (X) Change () Addition Name: COLLINS, GARY BRUCE Name: COLLINS, GARY BRUCE

Address: 489 MAGELLAN DRIVE Address: 1111 N. GULFSTREAM AVENUE, #10-B

City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN BARKER COLLINS CFO 04/30/2002