

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000085430

1. Entity Name

Emery's Scaffolding, Inc



FILED

03 FEB 26 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100013283421

02/28/03--01078--023 \*\*450.00

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2033 Crowley Cir W

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 916429

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3667715

Applied For

Not Applicable

Zip

32779

Country

Zip

32779

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Nicole S Emery

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

2033 Crowley Cir W

City

Longwood

FL

Zip Code

32779

**DO NOT WRITE  
IN THIS SPACE**

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

*Nicole Emery*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D/V/T  
Jeffrey Emery  
2033 Crowley Cir W  
Longwood, FL 32779

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
Nicole Emery  
2033 Crowley Cir W  
Longwood, FL 32779

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-03

Date

Daytime Phone #

CR2E034B (12/02)

2/2/27



Attachment

**Emerys Scaffolding, Inc.**

# P00000085430

P.O. Box 916429  
Longwood, Fl. 32791-6429

Phone 407-804-9787  
Fax 407-804-1433

This letter is to notify you that we never received our reject letter At this time we would request that you reinstate our corporation.

Thank You



Jeffery Emery