

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90404 016 \*\*\*150.00

**DOCUMENT # P01000047524**

1. Entity Name

**EMERALD PACIFIC YACHT SERVICES, INC.**

Principal Place of Business

**17 ROSA DRIVE  
FORT LAUDERDALE FL 33316**

Mailing Address

**17 ROSA DRIVE  
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

*17 Rose Drive*

Suite, Apt. #, etc.

*641 NE 2nd Place*

Suite, Apt. #, etc.

City & State  
*Dania FL*

City & State  
*Fort Lauderdale FL*

Zip  
*33004*

Country

Zip  
*33316*

Country

4. FEI Number

*65-1106474*

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

**TOMLINSON, THOMAS  
641 N E 2ND PLACE  
DANIA FL 33004**

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TOMLINSON, THOMAS</b>	
STREET ADDRESS	<b>641 N E 2ND PLACE</b>	
CITY-ST-ZIP	<b>DANIA BEACH FL 33004</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TOMLINSON, JESSIE</b>	
STREET ADDRESS	<b>641 N E 2ND PLACE</b>	
CITY-ST-ZIP	<b>DANIA BEACH FL 33004</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SHONA L. WEIR</b>	
STREET ADDRESS	<b>899 NORLEE ST.</b>	
CITY-ST-ZIP	<b>SEBASTOPOL CA 95472</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*SHONA L. WEIR, TREASURER*

*X 4/12/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)