

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90184 003 ***150.00

DOCUMENT # P01000047524

1. Entity Name
EMERALD PACIFIC YACHT SERVICES, INC.



Principal Place of Business
**641 NE 2ND PLACE
DANIA FL 33004**

Mailing Address
**17 ROSA DRIVE
FORT LAUDERDALE FL 33316**

10060040



2. Principal Place of Business

3. Mailing Address

1535 SE 17th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B2006

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 supplement to 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 Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18/03 707/8752183

CR2E034 (10/02)