

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90043 031 ***150.00

DOCUMENT # P01000088748

1. Entity Name

EMERALD COAST IMPORTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7120 RAMPART WAY

3. Mailing Address

711-A W GARDEN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA FLCity & State
PENSACOLA FL

4. FEI Number

☒ Applied For
Not ApplicableZip
32505

Country

Zip
32501

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
BASS AND SANDFORT ACCOUNTANTS INC

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

711-A W GARDEN ST

City
PENSACOLA

FL

Zip Code
32501DO 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

02/27/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
PSD
HUDSON, MARY D
STREET ADDRESS
7120 RAMPART WAY
CITY - ST - ZIP
PENSACOLA FL 32505TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
VTD
HUDSON, DAVID L
STREET ADDRESS
7120 RAMPART WAY
CITY - ST - ZIP
PENSACOLA FL 32505TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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IN THIS SPACE

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

SIGNATURE: Mary D. Hudson / President 3/5/02 850 453 7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #