

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

DOCUMENT # P01000101594

1. Entity Name

Emerald Coast Ventures, INC

APPROVED  
AND  
FILED

02 SEP 27 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FL 32308  
8000080004 1578--3  
-10/03/02--01021--006  
\*\*\*\*158.75 \*\*\*\*158.75

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1519 Capital Circle NE

3. Mailing Address

PO BOX 13425

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

FBI Number

03-0378085

Applied For

Not Applicable

Zip  
32308

Country

Zip  
32317

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jonathan S Dutton

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

1519 Capital Circle NE

City

Tallahassee

FL

Zip Code

32308

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) ☐

**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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Pres  
NAME Jonathan S. Dutton  
STREET ADDRESS 1519 Capital Circle NE  
CITY-ST-ZIP Tallahassee FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.P.  
NAME James Dutton  
STREET ADDRESS 2345 Hwy 77  
CITY-ST-ZIP Panama City FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

27 September 2002

Fla. Dept. of State  
Tallahassee, FL

To whom This May Concern:

Emerald Coast Ventures Inc has not received  
a Florida UBR form for the year 2001  
to this date. Please waive the late fees.

Thank you.

Sincerely,

Robert H. Safford