## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

EMERALD COAST VENTURES, INC

P01000101594



## **FILED** May 01, 2003 8:00 am Secretary of State

05-01-2003 90304 009 \*\*\*150.00

Principal Place of Business   Place Of Busin								7					
Sulley, Apr. #, etc.   Sulley Apr. #, etc.   Sulley Apr. #, etc.   Generally evaluates   Sulley Apr. #, etc.   Generally evaluates   Sulley Apr. #, etc.   Generally evaluates   Sulley Apr. #, etc.	1519 CAPITAL CIRCLE NE			PO BOX	PO BOX 13425								
City & State  City & State  City & State  City & State  Country  Country  A, FEI Number 03-00378085  Road Application  For Requirement Point Application  For Requirement Point Registered Agent  To Hame and Address of Current Registered Agent  To Hame and Address of New Registered Agent  To	2. Principal F	Place of Busine	3. Mailing	3. Mailing Address				1   <b>1   1   1   1   1   1   1   1   1  </b>					
Country   Zip   Country   S. Cortificate of Status Desired   S8.75 Additional Page Reputed For Reputed   S8.75 Additional Page Reputed   S8.75 Additional Pa	Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
September   Country   Zip   Country   September   Se	City & Stat	e	City & S	City & State				FEI Number 03-0378085	 5			7	
DUTTON, JONATHAN S   1519 CAPITAL CIRCLE NE TALLAHASSEE FL 32308   City   FL   Zip Code	Zip	Zip Country		Zip	Zip Coun		itry	5.					
Street Address (P.O. Box Number is Not Acceptable)		6. Name a	nd Address of Curren	t Registered A	Agent		Ţ	7.	Name and Address of New	Registered	Agent		1
Signature   Steel Address (P.C. Box Number is Not Acceptable)							Name						1
TALLAHASSEE FL 32308  City FL   Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accep							Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.  SiGNATURE    Signature			,	,			<b></b>						
SIGNATURE   SIGNATURE   Sprautra, howeld or primed number of impletered upont and title if applicable.   NOTIE: Registatived Apart signatura required when reinstance)   DATE							City			FL	Zip Co	ode	]
Signature, yound or prime famoure of registered apport and title if applicable.   (NOTE: Repositioned Appert signature required whom revisation)   Part				or the purpose	of changing its	registere	ed office or reg	istered a	igent, or both, in the State of F	lorida.   am	familiar with	n, and accept	
FILE NOW!!! FEE IS \$150.00	SIGNATURE .	Signature, typed or	printed name of registered agen	it and title if applicab	ile. (NOTE	: Registere	d Agent signature rec	quired when	reinstating)	DATE		<del></del>	
After May 1, 2003 Fee will be \$50,00 May Be Added to Florida Department of State  10. OFFICERS AND DIRECTORS					<del></del> -			<u> </u>	<del>`</del>				1
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		ertify that the in	oformation supplied with	h this filing doe	es not qualify for			n Section	119 07(3)(i) Florida Statutos	I further cer	tify that the	information	1

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 eath; 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 with an address, with all other like empowered.

**SIGNATURE:** 

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR