2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2003 8:00 am Secretary of State

DOLOG			_ Secretary or State	
DOCUMENT # P01000107982 1. Entity Name EMERALDSHORES SERVICES, INCORPORATED			03-10-2003 90773 050 ***150.00	
Principal Place of Business PO BOX 6580	Mailing Address PO BOX 6580	<u></u>		
DESTIN FL 32550	DESTIN FL 32550			
2. Principal Place of Business	3. Mailing Address	<u> </u>		İ
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	CHECK HERE IF MAKING CHANGES	
City & State	City & State		4. FEI Number 59-3757410 Applied For Not Applied	ote
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
MAYNARD, LORETTA K		Name Los	SETTA K. MAYNARD	
3005 BAY VILLA DR		Street Address	(P.O. Box Number is Not Acceptable)	1.
DESTIN FL 32550		300	5 BAY VILLA DRIVE	
		City De	FL Zingors)
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accer	ot
SIGNATURE Signature, typind or printing/name of registered agent	Every stranger ti atil par	Frankery Frankery Frankery Parkers Par	1/31/03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	·		9. Election Campaign Financing \$5.00 May Be	
Make Check Payable to Florida Department of	f State		Trust Fund Contribution. L. Added to Fees	ļ
10. OFFICERS AND			L L	
	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TIPLE PS	DIRECTORS Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	(ZO)
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TIPLE PS		TITLE		E034 (10/02)
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SEGMATURE AND TYPED OR PRINTED NAME OF SEGMEND OFFICER OR DIRECTOR

President

1/31/03 450.622.622

Daytime Phone (