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

## P01000109081 DOCUMENT #



**FILED** Mar 17, 2003 8:00 am 8 Secretary of State

1

1. Entity Name 03-17-2003 90482 008 \*\*\*150.00 EMERALD COAST WASTE CONSULTING, INC. Principal Place of Business Mailing Address POST OFFICE BOX 1179 35-D GULF BREEZE PARKWAY **GULF BREEZE FL 32651 GULF BREEZE FL 32562-1179** 2. Principal Place of Business Mailing Address 305 South New Warringto Suite Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State 59-3758590 Sawla Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -BOYLES - BRENT-L-Q. Box Number is Not Acceptab 4152 MADURA FIVE **GULF BREEZE FL 32561-3536** 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. the obligations of gistered agent. SIGNATURE (NDTF: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ; sec; Treas. TITLE Delete BOYLES, BRENT L NAME NAME 4152 MADURA FIVE STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32561-3536** CITY-ST-ZIP CITY-ST-ZIP VSTD TITLE TITLE ☐ Delete BLANTON, LEANNE T NAME NAME STREET ADDRESS 6019 SOMERSET DRIVE STREET ADDRESS CITY-ST-7IP PENSACOLA FL 32526 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

2R2F034 (10/02