

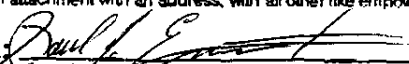
APR-30-03 WED 12:38 PM SMITH HULSEY & BUSEY

FAX NO. 9

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91796 041 ***150.00

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

DOCUMENT # P01000118420					
1. Entity Name EMRICK CONSULTING, INC.					
Principal Place of Business 2645 BOTTOMRIDGE DRIVE ORANGE PARK, FL 32065			Mailing Address 2645 BOTTOMRIDGE DRIVE ORANGE PARK, FL 32065		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2209073	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		
	DPST	Paul J. Emrick	2645 Bottomridge Drive Jacksonville, FL 32065	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
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: 				Paul J. Emrick, President 4/30/03 (904)298-3554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)