

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90122 002 \*\*\*150.00

DOCUMENT # P02000012658

1. Entity Name  
**THE EMERALD PRO CORPORATION**



Principal Place of Business  
**1221 N. BAYSHORE DRIVE  
VALPARAISO FL 32580**

Mailing Address  
**1221 N. BAYSHORE DRIVE  
VALPARAISO FL 32580**

2. Principal Place of Business  
**1142 E. JOHN SIMS Pkwy**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NICEVILLE**

City & State

Zip  
**32578**

Country  
**DENMARK**

Zip

Country

4. FEI Number  
**75 298735**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONCALVES, JOHN  
1221 N. BAYSHORE DRIVE  
VALPARAISO FL 32580**

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 *[Signature]* **JOHN GONCALVES, POTS**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-11-03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
GONCALVES, JOHN  
1221 N. BAYSHORE DRIVE  
VALPARAISO FL 32580** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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: *[Signature]* SIGNATURE REQUIRED **JOHN GONCALVES** **7-11-03** **850-621-7734**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

90144777

PO2000012658



PRO PHOTO AND FRAMING  
1142 E. JOHN SIMS PARKWAY  
NICEVILLE, FL 32578

JULY 11, 2003

REG: UNIFORM BUSINESS REPORT

To Whom It May Concern:

This letter is to inform you that the notice received on or about July 8<sup>th</sup>, 2003 was the first one we received and were previously not made aware of this requirement. No letter was received prior to this.

Therefore, in accordance with UBR regulations, we are mailing the report ASAP along with the original \$1501.00 filing fee.

Regards,

  
John F. Goncalves

PDS

Emerald Pro Corp.

