

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90182 029 ***158.75

DOCUMENT # P02000036919

1. Entity Name
EMERALD PALMS DESIGN GROUP, INC.



Principal Place of Business
**2098 CASCADES COVE DRIVE
ORLANDO FL 32820**

Mailing Address
**2098 CASCADES COVE DRIVE
ORLANDO FL 32820**

22003521



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

02-0586925

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

**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE SUITE 900
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **JOSEPH REYES**
Street Address (P.O. Box Number is Not Acceptable)
2098 CASCADES COVE DR
City **ORLANDO** FL Zip Code **32820**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOSEPH REYES REGISTERED AGENT

1/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **D** ☐ Delete
NAME **REYES, JOSEPH**
STREET ADDRESS **2098 CASCADES COVE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32820**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D/T** ☒ Change ☐ Addition
NAME **JOSEPH REYES**
STREET ADDRESS **2098 CASCADES COVE DR**
CITY-ST-ZIP **ORLANDO, FL 32820**

TITLE **V/G** ☐ Change ☒ Addition
NAME **FREDERICK RANDALL G. WEBSTER**
STREET ADDRESS **2098 CASCADES COVE DR**
CITY-ST-ZIP **ORLANDO, FL 32820**

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

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

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

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 REQUIRED
JOSEPH REYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

Date

407.568.8398

Daytime Phone #

CR2E034 (10/02)