FILED

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

Jul 21, 2003 8:00 am **Secretary of State** P02000070368 DOCUMENT # 07-21-2003 90122 017 ***150.00 1. Entity Name EMERALD DREAMS DEVELOPMENT, INC. Principal Place of Business Pd Box 46> Mailing Address PO Box 462 4600 RANGE ROAD NICEVILLE FL - 32578- 37588 32288 NICEVILLE FL-32578-2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, ALBERT Box Number is Not Acceptable) E Highwan 20 4600 RANGE ROAD NICEVILLE FL 32578 8. The above named entity admits 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 regis SIGNATURE A (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD-TITLE ☐ Delete TITLE ☐ Addition WRIGHT, ALBERT NAME -NAME 4600 RANGE ROAD STREET ADDRESS STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE (Change ☐ Addition ☐ Delete PREVOST, PETER J NAME NAME 4600 RANGE ROAD STREET ADDRESS STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIP CITY-ST-ZIP TITLE . . Delete --TITLE-☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:)

changed, or on an attachment

Affachment 90144778

EMERALD DREAMS DEVELOPMENT P.O. BOX 462 NICEVILLE, FL 32588 (850) 897-2276

July 17, 2003

Divisions of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: P02000070368

Dear Sir:

I am writing this letter to ask for consideration in waiving the late fee associated with the filing of this report. I only received this form last week.

Due to a change in address and registered agent, the first form was never received. We are a new business and are still acquainting ourselves with all the proper documents that must be filed and the dates on which they are due.

Since we are just getting established it would be a financial hardship to pay any extra monies at this time

Please accept my apology and thank you for your consideration.

Grenost

Sincerely

Peter J. Prevost

President

PJP/emm