


FILED
Jun 03, 2003 8:00 am
Secretary of State

06-03-2003 90037 021 ***150.00

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

DOCUMENT # <i>PD2000108275</i>	
1. Entity Name <i>Emerald Bay Services, Inc.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2007 North Harbour Dr</i> Suite, Apt. #, etc.	3. Mailing Address <i>2007 North Harbour Dr</i> Suite, Apt. #, etc.
City & State <i>Lynn Haven, FL</i>	City & State <i>Lynn Haven, FL</i>
Zip <i>32444</i>	Zip <i>32444</i>
Country <i>USA</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>05-0534686</i>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <i>Michael A. Scott, CPA</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>2583 Huntcliff Lane</i>		
City <i>Panama City</i> FL Zip Code <i>32405</i>		

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 signature required when refiling) DATE _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President James T. Liphart 2007 North Harbour Drive Lynn Haven, FL 32444</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Judy I. Liphart 2007 North Harbour Drive Lynn Haven, FL 32444</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5/1/03* Daytime Phone #: *850-277-0093*

850-819-4582

CR2E034B (12/02)

Attachment

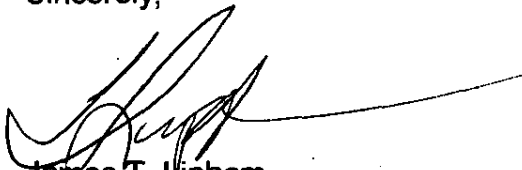
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June 1, 2003

Dear Sir / Ma'am:

I did not receive the renewal Uniform Business Report (UBR) form from the State. I checked with the Registered Agent to see if he had received the form and he advised me that he had not. Therefore I am sending this letter to explain my tardiness and respectfully request that the renewal for Emerald Bay Services, Inc. be processed for 2003. Attached are the UBR form and a check in the amount of \$150.00 for 2003. Thank you for your assistance.

Sincerely,



James T. Lipham
President,
Emerald Bay Services, Inc.