

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90292 036 ***150.00

0054634 AV

DOCUMENT # P02000109265

1. Entity Name
EMERALD COAST FUNDING GROUP, INC.



Principal Place of Business
**229 EMERALD RIDGE
SANTA ROSA BEACH FL 32459**

Mailing Address
**229 EMERALD RIDGE
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business
225 Main St.

3. Mailing Address
225 Main St.

Suite, Apt. #, etc.
Suite 20

Suite, Apt. #, etc.
Suite 20

City & State
Destin, FL

City & State
Destin, FL

Zip
32541

Country
USA

Zip
32541

Country
USA

4. FEI Number
51-0444720

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

**PIERSON, DONNA F
229 EMERALD RIDGE
SANTA ROSA BEACH FL 32459**

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 **Donna F. Pierson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PIERSON, DONNA F**
STREET ADDRESS **229 EMERALD RIDGE**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **D** ☐ Delete
NAME **PIERSON, MICHAEL S**
STREET ADDRESS **229 EMERALD RIDGE**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☒ Change ☐ Addition
NAME **President Michael S. Pierson**
STREET ADDRESS **2317 Mary Anne Circle**
CITY-ST-ZIP **Navarre, FL 32566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Donna F. Pierson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 **850-650-3500**
Date Daytime Phone #

CR2E034 (10/02)