

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-19-2003 90165 047 ***150.00

DOCUMENT # P02000123351



1. Entity Name
EMERSON MANAGEMENT GROUP, INC.

Principal Place of Business
**8984 LAKES BLVD
W PALM BCH FL 33412**

Mailing Address
**8984 LAKES BLVD
W PALM BCH FL 33412**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

05-0544196

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**H.A. INCORPORATED
308 NW 101 TER
CORAL SPRINGS FL 33071**

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

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	<input type="checkbox"/> Delete
NAME	KRAVETZ, MARGARET	
STREET ADDRESS	8984 LAKES BLVD	
CITY-ST-ZIP	W PALM BCH FL 33412	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAVETZ, GERALD	
STREET ADDRESS	8984 LAKES BLVD	
CITY-ST-ZIP	W PALM BCH FL 33412	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNKLEY, LILLIAN	
STREET ADDRESS	8984 LAKES BLVD	
CITY-ST-ZIP	W PALM BCH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2003

Date

561-630-9545

Daytime Phone #

CR2E034 (10/02)