

PO40000072431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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11/09/04--01032--007 **35.00

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04 NOV -9 PM 1:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

Ps 11/16/04
Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EMMERTS INSTALLERS & FLOORING REPAIRS, INC.

DOCUMENT NUMBER: PO 4000072431

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JODY EMMERT

(Name of Contact Person)

EMMERTS INSTALLERS & FLOORING REPAIRS, INC.

(Firm/ Company)

326 BIRD ROAD

(Address)

JAX FL 32218

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

JODY EMMERT

(Name of Contact Person)

at (904)

7624888

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

EMMERTS INSTALLERS & FLOORING REPAIRS, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

FILED

04 NOV -9 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO 400072431

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE 5 ADD SHAWN COLEMAN AS V.P.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 11-02-2004

Effective date if applicable: 11-02-2004
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

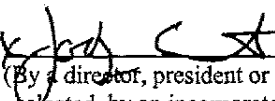
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 2 day of NOVEMBER, 2004.

Signature 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JODY EMMERT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35

2003-2004

OCCUPATIONAL LICENSE TAX NEW OR RENEWAL APPLICATION

MIKE HOGAN, TAX COLLECTOR

CITY OF JACKSONVILLE / COUNTY OF DUVAL, FLORIDA
PHONE: (904)630-2080/FAX: (904)630-1432

\$45.00
\$13.75
\$31.25

ACCOUNT NUMBER: 196116-0000-2
LOCATION ADDRESS: 3910 LOYS DR 32246

DESCRIPTION: PUBLIC SERVICE OR REPAIR, NOT SPEC

RETURN ADDRESS
231 EAST FORSYTH ST., ROOM 130
JACKSONVILLE, FL 32202-3369

EMERT, JODY LEE INSTALLERS 04
JODY L EMERT
PEDDLER OF SERVICE
3910 LOYS DR
JACKSONVILLE, FL 32246

ACCT: 196116000002
0001- 003 001 26ECL
2/25/20040/L Regular Payment 2/24/2004
(C14
2013

TAX DUE BASED ON PREVIOUS YEAR

	Sep 30	Oct-10% Pen	Nov-15% Pen	Dec-20% Pen	Jan-25% Pen
COUNTY TAX (CC - 770.323-079)	\$13.75	\$15.13	\$15.81	\$16.50	\$17.19
MUNICIPAL TAX (MC - 772.326)	\$31.25	\$34.38	\$35.94	\$37.50	\$39.06
Total Due		\$49.51	\$51.75	\$54.00	\$56.25

- 1) PLEASE SEE THE BACK OF THIS APPLICATION TO MAKE ANY ADDRESS CORRECTIONS. IF APPLICABLE, STUDY THE TAX RATE CHART AND MAKE ANY TAX RATE ADJUSTMENTS FOR THIS YEAR'S BUSINESS.
- 2) ACCORDING TO ORDINANCE 89-1055-516, THE TAX COLLECTOR IS AUTHORIZED TO WITHHOLD ISSUANCE OF AN OCCUPATIONAL LICENSE FOR UNPAID OR DELINQUENT TANGIBLE PERSONAL PROPERTY TAXES.
- 3) IF APPLICABLE, A PHOTOSTATIC COPY OF YOUR STATE LICENSE IS REQUIRED BEFORE AN OCCUPATIONAL LICENSE MAY BE ISSUED WITHIN THE COUNTY OF DUVAL.
- 4) PLEASE ALLOW 5 TO 7 WORKING DAYS FOR YOUR APPLICATION TO BE PROCESSED. ONCE PROCESSED YOUR OCCUPATIONAL LICENSE WILL BE AUTOMATICALLY MAILED TO YOU.