

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90041 011 ***150.00

DOCUMENT # P33063

1. Entity Name
EMERALD BRANDS, LTD., INC.

Principal Place of Business

**333 THIRD AVE N
 SUITE 540
 ST PETERSBURG FL 33701
 US**

Mailing Address

**333 THIRD AVE N
 SUITE 540
 ST PETERSBURG FL 33701
 US**

00055130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**100 2ND AVENUE N.
 Suite, Apt. #, etc.
 311**

3. Mailing Address

**100 2ND AVE N
 Suite, Apt. #, etc.
 311**

City & State
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

4. FEI Number **11-3046118**

Applied For
 Not Applicable

Zip **33701** Country

Zip **33701** Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **MUTTER, RICHARD C**
 STREET ADDRESS **7707 ALISTER MACKEN 21 E BLVD**
 CITY-ST-ZIP **SARASOTA FL 39480**

TITLE **VP** ☐ Delete
 NAME **ZAMITALO, ANNE H M**
 STREET ADDRESS **425 17TH AVE NE**
 CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

13. 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 11 or Block 12 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

2/12/02

Date

727 894 1920

Daytime Phone #

CR2E034 (9/01)