

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016869

1. Entity Name
EMERSON ACORN, INC.

FILED

02 JUN 21 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3728 PHILLIPS HWY
SUITE 39
JACKSONVILLE FL 32207
US

Mailing Address
3728 PHILLIPS HWY
SUITE 39
JACKSONVILLE FL 32207
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 59-3175588
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PHILLIPS JR., PHILIP B
3728 PHILLIPS HWY
SUITE 39
JACKSONVILLE FL 32207

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 NAME STREET ADDRESS CITY-ST-ZIP
P PHILLIPS JR, PHILIP B 3728 PHILLIPS HWY 39 JACKSONVILLE FL 32207
S PHILLIPS, MARY K 3728 PHILLIPS HWY #39 JACKSONVILLE FL 32207

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
700006534827
-07/19/02--01064--027
****150.00 ****150.00

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: _____ 4/25/02 (904) 396-9960

CR2E034 (9/01)