

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90007 007 ***150.00

0468264

DOCUMENT # P93000021433

1. Entity Name
EMERALD PARADISE, INC.

Principal Place of Business 11714 WEST EMERALD COAST PARKWAY DESTIN FL 32541 US	Mailing Address 11714 WEST EMERALD COAST PARKWAY STE 103 DESTIN FL 32541 US
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2. Principal Place of Business 11714 W Emerald Coast Pkwy Suite, Apt. #, etc. Suite 103	3. Mailing Address 11714 W Emerald Coast Pkwy Suite, Apt. #, etc. Suite 103
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City & State Destin, FL	City & State Destin, FL	4. FEI Number 59-3174343	Applied For <input type="checkbox"/> Not Applicable
Zip 32550	Country Walton	Zip 32550	Country Walton



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GILBERT, MAURICE D
 11714 N. EMERALD COAST PKWY
 STE 103
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name
Gilbert, Maurice D.

Street Address (P.O. Box Number is Not Acceptable)
11714 W Emerald Coast Pkwy

Suite 103

City
Destin

State
FL

Zip Code
32550

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

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, 2001 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	PVST GILBERT, MAURICE #59 SANTA CLARA DRIVE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Maurice D. Gilbert* **Maurice D. Gilbert** **January 10, 2001** **(850) 654-4247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)