

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90107 002 ***550.00

DOCUMENT # P93000027835

1. Entity Name

EMERALD GROVES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8268 SE Hwy 31

Suite, Apt. #, etc.

3. Mailing Address

8268 SE Hwy 31

Suite, Apt. #, etc.

City & State
Arcadia, Florida

City & State
Arcadia, Florida

Zip
34266

Country
USA

Zip
34266

Country
USA

4. FEI Number
650419082

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Walter L. Brewer

Street Address (P.O. Box Number is Not Acceptable)
2548 SW CR 760

City Arcadia **FL** 34266

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

[Signature]
Signature as typed or printed name of registered agent and title if applicable.

Walter L. Brewer

9/13/02

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President & Director
NAME	Mark O. Asperilla
STREET ADDRESS	287 Fields Terr
CITY - ST - ZIP	Pt. Charlotte, FL 33952
TITLE	Sec., Tres. & Director
NAME	W. M. Marsh
STREET ADDRESS	8268 SE Hwy 31
CITY - ST - ZIP	Arcadia, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.M. MARSH, Director

9/13/02 (863)990-0129

Date

Daytime Phone #

CR2E034B (12/01)