

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90099 024 \*\*\*550.00

**DOCUMENT # P93000034179**

1. Entity Name

**EMERALD COAST INTERIORS, INC.**

Principal Place of Business

**4459 COASTAL LANE  
 PACE FL 32571  
 US**

Mailing Address

**4459 COASTAL LANE  
 PACE FL 32571  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3179578**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK, ROBERT D**

**4047 MOONRAKER DRIVE  
 PENSACOLA FL 32507**

Name

**COOK, Robert D**

Street Address (P.O. Box Number is Not Acceptable)

**4459 Coastal LN**

City

**Pace**

**FL**

Zip Code

**32571**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Robert D. Cook Robert D. Cook**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/20/02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **COOK, ROBERT D**  
 CITY-ST-ZIP **4047 MOONRAKER DR.  
 PENSACOLA FL 32507**

TITLE ☒ Change ☐ Addition  
 NAME **4459 Coastal Lane**  
 STREET ADDRESS **Pace, FL 32571**  
 CITY-ST-ZIP **Pace, FL 32571**

TITLE ☐ Delete  
 NAME **S/T**  
 STREET ADDRESS **MARSHALL, JEFFREY T**  
 CITY-ST-ZIP **1600 SW 4TH STREET  
 FT. LAUDERDALE FL 33312**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MARSHALL, CHARLES E JR**  
 CITY-ST-ZIP **1755 SE 9TH STREET  
 FT. LAUDERDALE FL 33316**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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:

**Robert D. Cook Robert D. Cook**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/20/02 850-994-4608**

Date

Daytime Phone #

CR2E034 (4/02)