

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90010 009 ***150.00

DOCUMENT # P93000040951

1. Entity Name

EMERALD CITY, INC.

Principal Place of Business

160 N. SANDESTIN BLVD.

DESTIN FL 32541

US

Mailing Address

P. O. BOX 5233

DESTIN FL 32541

US

- ZIP CHANGES -

2. Principal Place of Business

160 N. SANDESTIN BLVD

3. Mailing Address

PO BOX 5233

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN FL

City & State

DESTIN FL

Zip

32550

Country

US

Zip

32540

Country

US

4. FEI Number

59-3192469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRI, DANIEL C
5 CLIFFORD DRIVE
SUITE 12
SHALMIAR FL 32579

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

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

(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 ☐ Delete
NAME **D**
STREET ADDRESS **ROWE, ROBERT W**
CITY-ST-ZIP **160 N. SANDESTIN BLVD.**
DESTIN FL

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ROOSE, EVAN B**
CITY-ST-ZIP **329 SUMMIT DR**
DESTIN FL 32541

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
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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 W Rowe** DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

850-837-1596

Daytime Phone #

CR2E034 (9/01)