

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90093 001 ***150.00

DOCUMENT # P93000040951

1. Entity Name
EMERALD CITY, INC.



Principal Place of Business
160 N. SANDESTIN BLVD.
DESTIN FL 32550
US

Mailing Address
P. O. BOX 5233
DESTIN FL 32540
US



2. Principal Place of Business

329 SUMMIT DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State
DESTIN FL.

City & State

4. FEI Number **59-3192469**

Applied For
Not Applicable

Zip
32541

Country
OKALOSSA

Zip

Country

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

6. Name and Address of Current Registered Agent

PERAL DANIEL C
5 CLIFFORD DRIVE
SUITE 12
SHALMIAR FL 32579

7. Name and Address of New Registered Agent

Name **ROBERT ROWE**
Street Address (P.O. Box Number is Not Acceptable)
329 SUMMIT DR
City **DESTIN** FL Zip Code **32541**

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 W ROWE**

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

Robert W Rowe

(NOTE: Registered Agent signature required when reinstating)

2/3/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **S** ☒ Delete
NAME **ROWE, EVANS B** **WRONG (NO'S) ALSO CHANGE ADDRESS**
STREET ADDRESS **329 SUMMIT DR**
CITY-ST-ZIP **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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **ROWE, ROBERT W.**
STREET ADDRESS **329 SUMMIT DR.**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
NAME **ROWE, EVAN B.**
STREET ADDRESS **411 ANNA ST.**
CITY-ST-ZIP **DESTIN FL 32541**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT W ROWE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03 850 837 1596

Date

Daytime Phone #

CR2E034 (10/02)