

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90328 013 ***150.00

DOCUMENT # P93000076432

1. Entity Name
EMERALD BUILDERS, INC.



Principal Place of Business
~~1235 MICHIGAN AVENUE~~ **2020 KINGFISHER DRIVE**
PALM HARBOR FL 34683

Mailing Address
P O BOX 1379
PALM HARBOR FL 34682-1379

00011238



2. Principal Place of Business
2020 KINGFISHER DR

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM HARBOR, FL

City & State

4. FEI Number **59-3230557**

Applied For
Not Applicable

Zip
34683

Country

Zip

Country

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

TURK, CAROL S
~~1235 MICHIGAN AVENUE~~ **2020 KINGFISHER DRIVE**
PALM HARBOR FL 34683

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

SIGNATURE *Carol S. Turk*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 21, 2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD.**
STREET ADDRESS **TURK, CAROL S**
CITY-ST-ZIP **P.O. BOX 1379**
PALM HARBOR FL 34682-1379

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

TITLE ☐ Delete
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STREET ADDRESS
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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: *Carol S. Turk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 21, 2003 727-773-8937
Date Daytime Phone #

CR2E034 (10/02)