

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2000 08:00 AM****Secretary of State****DOCUMENT # P95000006554**

1. Entity Name

E.M.B. ENTERPRISES, INC.

Principal Place of Business

1541 54TH AVE. N

ST. PETERSBURG
33703

FL

Mailing Address

162 SUNLIT COVE DR NE

ST. PETERSBURG
33702

FL

2. Principal Place of Business

2869 54TH AVE. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG

FL

City & State

4. FEI Number

59-3290606

Applied For

Not Applicable

Zip
33714

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BRUCKNER EDWARD
762 SUNLIT COVE DR NEST PETERSBURG
33702

FL

7. Name and Address of New Registered Agent

Name

BRUCKNER EDWARD

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

162 SUNLIT COVE DR NE

City

ST PETERSBURG

FL

Zip Code
33702

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)

02/08/2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME PD
STREET ADDRESS BRUCKNER EDWARD
CITY-ST-ZIP 162 SUNLIT COVE DR NE
ST PETERSBURG FL 33702TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition
NAME V
STREET ADDRESS MILLER JUDITH
CITY-ST-ZIP 162 SUNLIT COVE DR NE
ST. PETERSBURG FL 33702TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: EDWARD BRUCKNER

PD 02/08/2000