

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90001 019 ***150.00

DOCUMENT # P95000027842

1. Entity Name
EMMALU ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6928 COUNTY ROAD **4945 DOE BRANCH LANE**
SE BRINERD MN 56401 **WEIRSDALE FL 32195-0099**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 99**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Weirsdale Fl.

4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable

Zip Country Zip Country
32195 FL **US**

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

6. Name and Address of Current Registered Agent
TASSE, PIERRETTE
4945 DOE BRANCH LANE
WEIRSDALE FL 32195

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P TASSE, PIERRETTE
STREET ADDRESS	4945 DOE BRANCH LANE
CITY-ST-ZIP	WEIRSDALE FL 32195
TITLE	<input checked="" type="checkbox"/> Delete
NAME	S HABERMAN, LEWIS
STREET ADDRESS	6928 COUNTY R 8, S.E.
CITY-ST-ZIP	BRINERD NM 56401
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Date: **2-2-00** Daytime Phone #: **352-50-570**