

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90136 048 ***158.75

DOCUMENT # P95000067219

1. Entity Name
EMERALD LAKE MINE, INC.



Principal Place of Business
4737 HIGHLANDS PLACE CIR.
LAKELAND FL 33813

Mailing Address
4737 HIGHLANDS PLACE CIR.
LAKELAND FL 33813



2. Principal Place of Business
3635 US Hwy 92 East

3. Mailing Address
P.O. Box 1269

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lakeland FL
Zip
33801
Country
USA

City & State
Eaton PK FL
Zip
33840
Country
USA

4. FEI Number **59-3338372**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRITT, SUZZANE
4737 HIGHLANDS PLACE CIR.
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

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

3828 Cheney Rd W.

City

Lakeland

FL

Zip Code

33813

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 **Suzanne G. Britt, President**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-03

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 **PD** ☐ Delete
NAME **BRITT, SUZZANE**
STREET ADDRESS **4737 HIGHLANDS PLACE CIR.**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VD** ☐ Delete
NAME **BUTNER, TED**
STREET ADDRESS **4737 HIGHLANDS PLACE CIR.**
CITY-ST-ZIP **LAKELAND FL 33813**

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 **P.O. Box 1269**
STREET ADDRESS **Eaton PK FL 33840**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 1269**
STREET ADDRESS **Eaton PK FL 33840**
CITY-ST-ZIP

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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-03

Date

8636651748

Daytime Phone #

825

CR2E034 (10/02)