

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075119

1. Entity Name

EMERALD COAST LIGHTING AND SUPPLY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90219 030 ***150.00

Principal Place of Business

Mailing Address

36062 EMERALD COAST PKWY
 DESTIN FL 32541
 US

PO BOX 5701
 DESTIN FL 32540-5701
 US

2. Principal Place of Business

3. Mailing Address

36062 EMERALD COAST PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DESTIN, FL

4. FEI Number

59-3341561

Applied For

Not Applicable

Zip

Country

Zip

Country

32541

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

MCGILL, ROBERT E III
 743 HIGHWAY 98 EAST
 SUITE 5
 DESTIN FL 32541

Name

MARION I. STARNES IV

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

4467 TURNBERRY PLACE

City

NICEVILLE

FL

Zip Code

32578

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

M. Starnes

MARION I. STARNES IV, PRESIDENT & CEO

4-28-00

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

(NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, GUY D	
STREET ADDRESS	4038 LAUREN COURT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARNES, MARION I IV	
STREET ADDRESS	4467 TURNBERRY PLACE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

M. Starnes REG. MARION I. STARNES IV

4-28-00

Date

850-837-4750

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR