

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90061 003 ***150.00

DOCUMENT # P96000009106

1. Entity Name

EMERALD - SOUTHERN PINES, INC.

Principal Place of Business

**909 GARDENGATE CIRCLE
 PENSACOLA FL 32504
 US**

Mailing Address

**~~909 GARDENGATE CIRCLE~~
~~PENSACOLA FL 32504~~
 US**

2. Principal Place of Business

3. Mailing Address

211 Sabine Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola Beach FL

Zip

Country

32561

USA

4. FEI Number

59-3356809

Applied For

Not Applicable

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

MAGGIO, R. BRENT

**~~909 GARDENGATE CIRCLE~~ 211 Sabine Dr.
~~PENSACOLA FL 32504~~ Pensacola Beach FL
 32561**

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

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, 2002 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** ☐ Delete
 NAME **MAGGIO, R. BRENT**
 STREET ADDRESS **~~909 GARDENGATE CIRCLE~~**
 CITY-ST-ZIP **~~PENSACOLA FL 32504~~**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **211 Sabine Dr**
 CITY-ST-ZIP **Pensacola Beach, FL 32561**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)