

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027133

1. Entity Name

EMERSON ENTERTAINMENT, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90035 015 ***150.00

Principal Place of Business

Mailing Address

370 WHOOPING LOOP, STE. 1136
ATLAMONTE SPRINGS FL 32701

370 WHOOPING LOOP, STE. 1136
ATLAMONTE SPRINGS FL 32701-3451

CUU35486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3436037

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GIANELLI, PETER A
370 WHOOPING LOOP, STE. 1136
ATLAMONTE SPRINGS FL 32701

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

J. PASQUALETTI, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3/3/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANELLI, PETER A	NAME	
STREET ADDRESS	370 WHOOPING LOOP, STE. 1136	STREET ADDRESS	
CITY-ST-ZIP	ATLAMONTE SPRINGS FL 32701	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	PVTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASQUALETTI, JOSEPH	NAME	Pasqualetti, Joseph
STREET ADDRESS	370 WHOOPING LOOP, STE. 1136	STREET ADDRESS	3929 Peace Pipe Dr.
CITY-ST-ZIP	ATLAMONTE SPRINGS FL 32701	CITY-ST-ZIP	Orlando, FL 32829
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH PASQUALETTI

3/3/00

Date

Daytime Phone #

(407) 352-7333

CR2E034 (9/99)