

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027133

1. Entity Name
EMERSON ENTERTAINMENT, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90302 035 ***150.00

Principal Place of Business
370 WHOOPING LOOP, STE. 1136
ATLAMONTE SPRINGS FL 32701

Mailing Address
370 WHOOPING LOOP, STE. 1136
ATLAMONTE SPRINGS FL 32701

2. Principal Place of Business
370 Center Pointe Circle

Suite, Apt. #, etc.
Suite 1136

City & State
Altamonte Springs, FL

Zip
32701

Country
USA

3. Mailing Address
370 Center Pointe Circle

Suite, Apt. #, etc.
Suite 1136

City & State
Altamonte Springs, FL

Zip
32701

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3436037**

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

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

Name **JOSEPH P. PASQUALETTI**

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

370 Center Pointe Circle, Suite 1136

City **Altamonte Springs**

FL

Zip Code **32701**

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]

JOSEPH PASQUALETTI

1/2/01

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, 2001 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
NAME **PVTS**
STREET ADDRESS **PASQUALETTI, JOSEPH**
CITY-ST-ZIP **3929 PEACE PIPE DR.**
ORLANDO FL 32829

☐ Delete

TITLE **President, VP, T.S. D**
NAME **Joseph P. Pasqualetti**
STREET ADDRESS **370 Center Pointe Circle, Suite 1136**
CITY-ST-ZIP **Altamonte Springs, FL 32701**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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]

JOSEPH PASQUALETTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01

Date

(407) 834-9560

Daytime Phone #

CR2E034 (10/00)