

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037255

1. Entity Name

EMERALD COAST FINANCIAL SERVICES, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90121 033 ***158.75

Principal Place of Business

Mailing Address

5 CAMELIA STREET
GULF BREEZE FL 32561

5 CAMELIA STREET
GULF BREEZE FL 32561-4223

2. Principal Place of Business *5 CAMELIA ST*
GULF BREEZE FL

3. Mailing Address
5 CAMELIA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GULF BREEZE, FL

City & State
GULF BREEZE, FL

Zip
32561

Country

Zip
32561

Country

4. FEI Number **59-3437914**

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

CECIL, BERNARD
5 CAMELIA STREET
GULF BREEZE 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

Simon B. Cui

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	P	<input type="checkbox"/> Delete
NAME	CECIL, ROWAN B	
STREET ADDRESS	5 CAMELIA ST	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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:

Simon B. Cui

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 850-932-1363

CR2E034 (9/99)