

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048842

1. Entity Name

EMERALD SHORES TRANSIT, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90013 007 ***150.00

Principal Place of Business

Mailing Address

285 PAYNE ST. #6-A

POST OFFICE 1744

UNIT 6-A

DESTIN FL 32540-1744

FL 32541

US

US



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

59-3454076

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

GUTHRIE, HOWARD D
 285 PAYNE STREET
 UNIT 6-A
 DESTIN FL 32541

Name

Howard D. Guthrie

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

285 Payne St Unit 6A

City

Destin

FL

Zip Code

32540

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

Howard D. Guthrie President

(NOTE: Registered Agent signature required when reinstating)

APR 25 2000

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 ☐ Delete
 NAME D
 STREET ADDRESS GUTHRIE, HOWARD D
 CITY-ST-ZIP 285 PAYNE STREET, UNIT 6-A
 DESTIN FL 32541

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

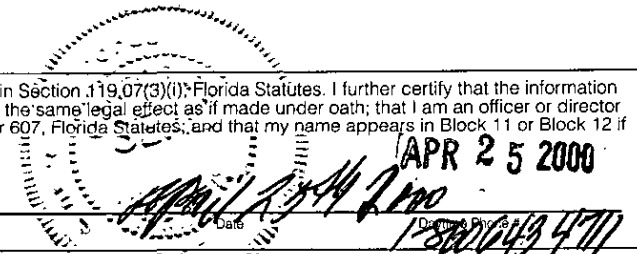
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

Howard D. Guthrie

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 2000



CR2E034 (9/99)