

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90116 008 ***150.00

DOCUMENT # P97000057654
1. Entity Name
EMERALD COAST BARBER AND BEAUTY SHOP, INC.

Principal Place of Business
**12273 WEST HIGHWAY 98
HOLIDAY PLAZA UNIT #102
DESTIN FL 32541**

Mailing Address
**12273 WEST HIGHWAY 98
HOLIDAY PLAZA UNIT #102
DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3457431

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

**RIGBY, TINA R
12273 WEST HIGHWAY 98
HOLIDAY PLAZA UNIT #102
DESTIN FL 32541**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIGBY, TINA R
637 INDIGO LOOP N.
DESTIN FL 32541** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: Tina R. Rigby Andersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2.02 850.650.2443
Date Daytime Phone #

CR2E034 (9/01)

Attachment
Doc. # 97000057654

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

829642
** OFFICIAL RECORDS **
BK 2296 PG 2016

FILE # 1841323 RCD: May 23 2001 @ 07:53AM
Newman C. Brackin, Clerk, Okaloosa Cnty Fl

010000610

(APPLICATION NUMBER)

APPLICATION TO MARRY

| | | | | | | |
|--|--|-----------------------------|---|-------------------------------|---|--|
| 1. GROOM'S NAME (First, Middle, Last) DAVID ARLIN ANDERSON | | | 2. DATE OF BIRTH (Month, Day, Year) Jul. 06, 1949 | | | |
| 3a. RESIDENCE - CITY, TOWN, OR LOCATION GERMANTOWN | | 3b. COUNTY SHELBY | | 3c. STATE TENNESSEE | | |
| 5a. BRIDE'S NAME (First, Middle, Last) CATRINA ANN RIGBY | | | 5b. MAIDEN SURNAME (if different) ROSE | | 6. DATE OF BIRTH (Month, Day, Year) May. 20, 1967 | |
| 7a. RESIDENCE - CITY, TOWN, OR LOCATION DESTIN | | 7b. COUNTY WALTON | | 7c. STATE FLORIDA | | |
| | | | 8. BIRTHPLACE (State or Foreign Country) NORTH CAROLINA | | | |

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)
David Arlin Anderson

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
Apr. 24, 2001

11. TITLE OF OFFICIAL
DEPUTY CLERK

12. SIGNATURE OF OFFICIAL (Use black ink)
Mark J. McBrat

13. SIGNATURE OF BRIDE (Sign full name using black ink)
Catrina Ann Rigby

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
Apr. 24, 2001

15. TITLE OF OFFICIAL
DEPUTY CLERK

16. SIGNATURE OF OFFICIAL (Use black ink)
Mark J. McBrat

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

| | | | |
|---|--|--|--|
| 17. COUNTY ISSUING LICENSE OKALOOSA | 18. DATE LICENSE ISSUED 04-24-01 | 19a. DATE LICENSE EFFECTIVE 04-27-01 | 19. EXPIRATION DATE 06-26-01 |
|---|--|--|--|

20a. SIGNATURE OF COURT CLERK OR JUDGE
Neane Brackin

20b. TITLE
CLERK OF COURT

20c. BY C.
MM

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

| | |
|--|--|
| 21. DATE OF MARRIAGE (Month, Day, Year) May 14, 2001 | 22. CITY, TOWN, OR LOCATION OF MARRIAGE Destin |
|--|--|

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)
Patricia A. Cobb

23c. ADDRESS (Of person performing ceremony)
803 Kellars Dr. Destin FL 32541

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY
(Or notary stamp)

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
Carl James T. Westbrook

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)



PATRICIA A. COBB
MY COMMISSION # CC 934215
EXPIRES: Jul 18, 2004

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

| | | | | | | | |
|----------------------------|--|----------|--|---------------------------------------|--|--|--|
| 26. SOCIAL SECURITY NUMBER | | 27. RACE | | 28. WERE YOU EVER PREVIOUSLY MARRIED? | | IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c | |
| GROOM | | | | | | 29a. NO. OF THIS MARRIAGE | |
| BRIDE | | | | | | 29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) | |

CERTIFIED A TRUE
AND CORRECT COPY
CLERK CIRCUIT COURT
NEWMAN C. BRACKIN

BY

DEPUTY CLERK

DATE

5/31/01

