

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058312

1. Entity Name
EMERALD COAST PROFESSIONAL SITTING SERVICE, INC.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90025 050 ***150.00

Principal Place of Business

Mailing Address

~~1952 JESSICA WAY~~
~~NAVARRE FL 32566~~

P.O. BOX 5446
NAVARRE FL 32566



DO NOT WRITE IN THIS SPACE

2 Principal Place of Business 1798 EAGLE BAY LANE Suite, Apt. #, etc. NAVARRE, FL.		3 Mailing Address P.O. BOX 5446 Suite, Apt. #, etc. NAVARRE, FL.	
City & State		City & State	
Zip 32566	Country SANTA ROSA	Zip 32566	Country SANTA ROSA

4. FEI Number 59-3458923	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FREER, BETH A 1952 JESSICA WAY NAVARRE FL 32566 DELETE		7. Name and Address of New Registered Agent Name: SANDY COLLINS Street Address (P.O. Box Number is Not Acceptable): 1798 EAGLE BAY LANE City: NAVARRE, FL Zip Code: 32566	
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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: SANDY COLLINS, OWNER DATE: FEB. 14, 2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREER, BETH A 1952 JESSICA WAY NAVARRE FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER SANDY COLLINS 1798 EAGLE BAY LANE NAVARRE, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SANDY COLLINS, OWNER DATE: Feb. 14, 01 (1-800-531-1323) 1-850-936-8964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)