

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90149 007 ***158.75

DOCUMENT # P97000058312

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

Principal Place of Business

~~1700 EAGLE BAY LANE~~
~~NAVARRE FL 32566~~

Mailing Address

Same
 P.O. BOX 5446
 NAVARRE FL 32566



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6456 Starfish Cove

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gulf Breeze, Florida

City & State

Suite, Apt. #, etc.

Zip

32563

Country

Santa Rosa

Zip

32563

Country

FL

4. FEI Number **59-3458923**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, SANDY

~~1700 EAGLE BAY LANE~~

~~NAVARRE FL 32566~~

7. Name and Address of New Registered Agent

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

TITLE **0** ☐ Delete
 NAME **COLLINS, SANDY**
 STREET ADDRESS **1700 EAGLE BAY LANE**
 CITY-ST-ZIP **GULF BREEZE FL 32566** *new address above #2.*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Sandy Collins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002 936-8964
 Date Daytime Phone #

CR2E034 (9/01)