

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070348

1. Entity Name

EMERALD COAST PROTECTIVE SERVICES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90035 024 ***150.00

Principal Place of Business

165 MANISTEE DR
PANAMA CITY BCH FL 32413-5217

Mailing Address

105 COKEY BAY HARBOUR DR
PANAMA CITY BEACH FL 32407

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Post Office Box 9949

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

Zip

32417-9949

Country

4. FEI Number

59-3461521

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

PEAK, ROLAN M
165 MANISTEE DR
PANAMA CITY BCH FL 32413-5217

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PEAK, ROLAN M
165 MANISTEE DR
PANAMA CITY FL 32413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PEAK, Kyle Ann
165 Manistee Drive
Panama City Beach, FL 32413 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SULLIVAN, PHILIP LEE
105 COLONY BAY HARBOUR DR
PANAMA CITY BEACH FL 32407 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

Date

850-234-6252

Daytime Phone #

CR2E034 (9/99)