

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90156 047 \*\*\*150.00

**DOCUMENT # P98000013193**

1. Entity Name

EMERALD REALTY OF NAPLES, INC.



Principal Place of Business

2699 LEE ROAD

SUITE 415

WINTER PARK FL 32789

Mailing Address

2699 LEE ROAD

SUITE 415

WINTER PARK FL 32789

2. Principal Place of Business

610 N. WYMORE RD.

Suite, Apt. #, etc.

3. Mailing Address

610 N. WYMORE RD

Suite, Apt. #, etc.

City & State

WINTER PARK FL.

Zip  
32789

Country

U.S.A.

City & State

WINTER PARK FL.

Zip  
32789

Country

USA

4. FEI Number 59-3496646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DOHER, ROBERT G

2699 LEE ROAD

SUITE 415

WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name DOHER, ROBERT G.

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

610 N. WYMORE RD.

City WINTER PARK

FL

Zip Code 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**\*After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME DOHER, ROBERT  
STREET ADDRESS 2699 LEE ROAD SUITE 415  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE VPTD  
NAME DOHER, ANNE  
STREET ADDRESS 2699 LEE ROAD SUITE 415  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 610 N. WYMORE RD.  
CITY-ST-ZIP WINTER PARK FL. 32789 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 610 N. WYMORE RD.  
CITY-ST-ZIP WINTER PARK FL. 32789 ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G. Doherty  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

407-647-4333

Daytime Phone #

CR2E034 (10/02)