

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90043 044 ***150.00

DOCUMENT # P98000025983

1. Entity Name
EMOR'S WOOD SHUTTERS CORP.

Principal Place of Business
4292 CORPORATE SQ. BLVD.
NAPLES FL 34104

Mailing Address
4292 CORPORATE SQ. BLVD.
NAPLES FL 34104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3906 Mercantile Ave #9
 Suite, Apt. #, etc.

3. Mailing Address
3906 Mercantile Ave #9
 Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples FL

4. FEI Number
59-3499656

Applied For
 Not Applicable

Zip
34104 Country
Collier

Zip
34104 Country
Collier

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARRINEZ, EDUARDO
4292 CORPORATE SQ. BLVD.
NAPLES FL 34104

7. Name and Address of New Registered Agent
 Name **Eduardo Martinez**
 Street Address (P.O. Box Number is Not Acceptable)
3906 Mercantile Ave #9
 City **Naples** State **FL** Zip Code **34104**

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 DATE **1/28/02**
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.

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 NAME STREET ADDRESS CITY-ST-ZIP | DP MARTINEZ, EDUARDO 2095 54TH TERR SW NAPLES FL 34116 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARTINEZ, MANUEL ANTONIO 10412 SW 14 TERR MIAMI FL 33174 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MARTINEZ, JOSE MANUEL 10412 SW 14 TERR MIAMI FL 33174 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RUIZ, ODALYS 2095 54TH TERR SW NAPLES FL 34116 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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 a phone number empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/28/02** Daytime Phone #

CR2E034 (9/01)