

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**

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** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 a power of attorney empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02

CR2E034 (9/01)