2001 UNIFORM BUSINESS REPORT (UBR)

0140462 SP

DOCUMENT # P98000056847

1. Entity Name
PALACE OF EMERALD COAST, INC.

FILED
02 FEB 14 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE
09/18/01 90003016 $550.00

Principal Place of Business	Mailing Address
1219 HWY 98 FT. WALTON BEACH FL 32548	1219 HWY 98 FT. WALTON BEACH FL 32548

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3568370 — 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
LUNDY 7 BOWERS, CPA, P.A. 1584 S. PEARL STREET CRESTVIEW FL 32539	Name CHAIM HERSHKOWITS Street Address (P.O. Box Number Not Acceptable) 1219 HWY 98 City FORT WALTON BEACH FL Zip Code 32548

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 Chaim Hershkowits — Chaim Hershkowits — 10-15-01
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) 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 $550.00
After September 12, 2001 Fee will be $750.00
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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAIM, HERSHKOWITS	NAME	800005065048--2
STREET ADDRESS	1219 HWY 98	STREET ADDRESS	-03/07/02--01072--002
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	CITY-ST-ZIP	****350.00 ****350.00
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARMELI, ALON	NAME	
STREET ADDRESS	1219 HWY 98	STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERSHKOWITS, MICHELLE	NAME	
STREET ADDRESS	1219 HWY 98	STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/01)

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: Chaim Hershkowits — Chaim Hershkowits — 10-15-01 — 850-654-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #