

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061522

1. Entity Name

EMERALD PARK ENTERPRISES, INC.

Principal Place of Business

128 GRAND HERON DR.
PANAMA CITY BEACH FL 32407

Mailing Address

128 GRAND HERON DR.
PANAMA CITY BEACH FL 32407

2. Principal Place of Business

475 HARRISON AVE

Suite, Apt. #, etc.

SUITE 203

3. Mailing Address

475 HARRISON AVE.

Suite, Apt. #, etc.

SUITE 203

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

Zip

32401

Country

USA

Zip

32401

Country

USA

4. FEI Number

59-3539255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JOHN W
128 GRAND HERON DR.
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

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

John Taylor

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1.8.01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS TAYLOR, JOHN W
CITY-ST-ZIP 128 GRAND HERON DR.
PANAMA CITY BEACH FL 32407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

John Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.8.00

Date

850-785-2449

Daytime Phone #

CR2E034 (10/00)

0463755

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90166 049 ***150.00

00000001



DO NOT WRITE IN THIS SPACE