

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90222 022 ***150.00

DOCUMENT # P98000074277

1. Entity Name
E.M.S. OFFICE PRODUCTS, INC.

Principal Place of Business
53 EMERALD BAY DR
OLDSMAR FL 34677

Mailing Address
53 EMERALD BAY DR
OLDSMAR FL 34677

2. Principal Place of Business
2400 WINDING CREEK BLVD.
 Suite, Apt. #, etc.
10-103

3. Mailing Address
PO Box 1293
 Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State
OLDSMAR, FL

4. FEI Number
59-3529894

Applied For
 Not Applicable

Zip
33761

Country
USA

Zip
34677-1293

Country
USA

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

6. Name and Address of Current Registered Agent

OGLE, THOMAS A
53 EMERALD BAY DR
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2400 WINDING CREEK BLVD, #10-103
 City **CLEARWATER** **FL** Zip Code **33761**

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  **THOMAS A. OGLE, REGIST. AGENT / PRES.** **4/12/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$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	P OGLE, THOMAS A 53 EMERALD BAY DR OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OGLE, TERRI M 53 EMERALD BAY DR. OLDSMAR FL 34677	<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
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	2400 WINDING CREEK BLVD., #10-103 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400 WINDING CREEK BLVD, #10-103 CLEARWATER, FL 33761	<input checked="" 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
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 all other like empowered.

SIGNATURE:  **TERRI M. OGLE, SECTY/TREAS** **4-13-02** **813-546-4366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)