

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90122 047 ***150.00

DOCUMENT # P98000080937

1. Entity Name
EMERALD COAST MANAGEMENT GROUP, INC.



Principal Place of Business
**2733 GULF BREEZE PKWY
#8
GULF BREEZE FL 32561**

Mailing Address
**PO BOX 1473
GULF BREEZE FL 32561**

11011300



2. Principal Place of Business

2771 GULF BREEZE PKWY

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

ADDRESS CORRECTIONS

City & State
GULF BREEZE, FL

City & State

4. FEI Number
59-3535480

Applied For
Not Applicable

Zip Country
32563 SANTA ROSA

Zip Country

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

**SCRIBNER, GEORGE R
1176 FINCH DRIVE
GULF BREEZE FL 32561**

Name

Street Address (P.O. Box Number is Not Acceptable)

3219 FERNWOOD DRIVE

City

GULF BREEZE

FL

Zip Code

32563

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUNTER, LARRY T
5235 SOUNDSIDE DRIVE
GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
32563

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCRIBNER, GEORGE R
3219 PERNWOOD DRIVE
GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**3219 FERNWOOD DRIVE
GULF BREEZE, FL 32563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
LARRY GUNTER

4-15-03

850-932-1702

CR2E034 (10/02)