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2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9900003745 Mar 20, 2000 8:00 am Secretary of State 1. Entity Name THE EMPEROR'S EMPIRE, INC. 03-20-2000 90120 003 ***150.00 Principal Place of Business Mailing Address 5117 CASTELLO DRIVE #1 5117 CASTELLO DRIVE #1 NAPLES PL 34133-0279 NAPLES PL 34103 UUU4UD48 2. Principal Place of Business Lells 28000 Spanish Wells 3. Mailing Address P. D. BOX Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ക്ക 4. FEI Number 59-3551505 City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMBURN, JAMES W (P.O. Box Numbel is No. 5417 GASTELLO DRIVE #1 NAPLES-FL-34103 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bold in the State of Florida SIGNATURE ПАТ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ De!ete TITLE AMBURN, JAMES W NAME Wells Blud- Ste 200 STREET ADDRESS 5117 GASTELLO DRIVE #1 STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP NAPLES FL 34103 ☐ Delete TITLE TITLE KAISER, GERD NAME NAME 5117 CASTELLO DRIVE #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trystee 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 address, with all other like empowered. 02-08 -00 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone