

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012302

1. Entity Name

EMERALD COAST CUSTOM HOMES, INC.

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90047 007 \*\*\*150.00

Principal Place of Business

Mailing Address

3191 HARRISON ST.  
MILTON FL 32583

3191 HARRISON ST.  
MILTON FL 32583-6280

2. Principal Place of Business

3191 HARRISON ST.

3. Mailing Address

3191 HARRISON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON, FL

City & State

MILTON, FL

4. FEL Number

59-3569891

Applied For

Not Applicable

Zip 32583

Country SANTA ROSA

Zip 32583

Country SANTA ROSA

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

ADAMS, ROBERT P  
3191 HARRISON ST.  
MILTON FL 32583

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

Robert Paul Adams, President

4/23/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☐ Delete  
NAME ADAMS, ROBERT P  
STREET ADDRESS 3191 HARRISON ST.  
CITY-ST-ZIP MILTON FL 32583

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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: ROBERT PAUL ADAMS, President

Robert Paul Adams, President

850-995-7788

4/23/2000 (4/23/2000)

CR2E034 (9/99)