

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90023 033 ***150.00

DOCUMENT # P99000019965

1. Entity Name

EMMONS AND ASSOCIATES, INC.

EMMONS STEEL DETAILING, INC.

Principal Place of Business

**5795 WEST NINE MILE ROAD
 PENSACOLA FL 32526**

Mailing Address

**5795 WEST NINE MILE ROAD
 PENSACOLA FL 32526**

2. Principal Place of Business

1512 TEMPLEMORE DRIVE

3. Mailing Address

1512 TEMPLEMORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CANTONMENT FL

City & State

CANTONMENT FL

Zip

32533

Country

USA

Zip

32533

Country

USA

4. FEI Number

59-3577347

Applied For

Not Applicable

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

EMMONS, DAVID E

**5795 WEST NINE MILE ROAD
 PENSACOLA FL 32526**

Name

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

1512 TEMPLEMORE DRIVE

City

CANTONMENT

FL

Zip Code

32533

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID EMMONS, PRESIDENT 11 APR 2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **EMMONS, DAVID**
 STREET ADDRESS **5795 WEST NINE MILE ROAD**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **P** ☒ Change ☐ Addition
 NAME **DAVID EMMONS, DAVID**
 STREET ADDRESS **1512 TEMPLEMORE DRIVE**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **S** ☒ Delete
 NAME **HALL, ELISSA**
 STREET ADDRESS **2206 POMPAHO ROAD**
 CITY-ST-ZIP **CANTONMENT FL 32533**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11 APR 2002 (850) 968-5203

CR2E034 (9/01)