

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000046861**1. Entity Name
EMERALD COAST JOBS, INC.

Principal Place of Business

PO BOX 6578

DESTIN
325501005

FL

Mailing Address

PO BOX 6578

DESTIN
325501005

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3587770

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JORDAN C. DOUGLAS
197 DURANGO ROAD, #2DDESTIN
325413080

US

FL

7. Name and Address of New Registered Agent

Name

JORDAN C. DOUGLAS

Street Address (P.O. Box Number is Not Acceptable)
26 SAINT SIMON CIRCity
DESTIN

FL

Zip Code
325508225

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 _____ **04/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DVPT	<input type="checkbox"/> Delete
NAME	JACKSON SCOTT T	
STREET ADDRESS	80 BEACH DRIE WEST	
CITY-ST-ZIP	DESTIN FL 325414113	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	JORDAN C. DOUGLAS	
STREET ADDRESS	197 DURANGO RD #2D	
CITY-ST-ZIP	DESTIN FL 325413080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON SCOTT T	
STREET ADDRESS	80 BEACH DRIVE WEST	
CITY-ST-ZIP	DESTIN FL 325504113	
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN C. DOUGLAS	
STREET ADDRESS	26 SAINT SIMON CIR	
CITY-ST-ZIP	DESTIN FL 325508225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: C. DOUGLAS JORDAN

PRES

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)