## 2003 FOR PROFIT CORPORATION

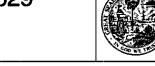
## **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P99000051529

EMBERGUARD, INC.

1. Entity Name



Principal Place of Business 965 S. RODRIQUEZ ST., UNIT 5-A

**SIGNATURE** 

Mailing Address

965 S. RODRIQUEZ ST., UNIT 5-A

ST. AUGUSTINE FL 32086

## ST. AUGUSTINE FL 32086 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

## **FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90166 021 \*\*\*150.00

11003360



4.	FEI Number				Applied For
		59-3620399			Not Applicable
5.	Certificate of	Status Desired	\$8.7	5 ,	Additional

Fee Required

Zip Code

Change

l l	I	
6. Name and	Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENDALL, RICHARD 5220 TIMUCUA CIRCLE ST. AUGUSTINE FL 32086	6	Street Address (P.O. Box Number is Not Acceptable)

(NOTE: Registered Agent signature required when reinstating)

8.	The above named entity submits this statement for the purpose of changing its register	ed office or registered agent	, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			

11.

Delete

City

FILE NOW!!!	FEE IS \$150.00
	Fee will be \$550.00
Make Check Payable to I	Florida Department of State

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

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

☐ Addition

nàme Street address City-St-Zip	KENDALL, GUY R 5220 TIMUCUA CARCLE ST. AUGUSTINE, PL 32086	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete ROBERTS, SUSAN 5220 TIMUCUA CIRCLE ST. AUGUSTINE FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	☐ Addition

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 the empowered.

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

REQUIRED

经看的企业的工作级 海绵酸

Daytime Phone #

Change

☐ Change

■ Addition

☐ Addition