2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 AM
Secretary of State

DOCUMENT# P99000052097

Entity Name: EMERALD COAST SERVICES, INC.

Current Principal Place of Business:

122-2 BISHOP TOLBERT RD
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

122-2 BISHOP TOLBERT RD
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3589579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEAY, DAVID R
122-2 BISHOP TOLBERT RD
SANTA ROSA BEACH, FL 32459

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SEAY, DAVID
Address: 2102 HIDEAWAY COVE
City-St-Zip: DESTIN, FL 32550

Title: VPD (X) Delete
Name: DUDLEY, JUDY
Address: 1217 DEERWOOD DR
City-St-Zip: DESTIN, FL 32550

Title: TS ( ) Delete
Name: SEAY, LESLIE
Address: 2102 HIDEAWAY COVE
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change ( ) Addition
Name: SEAY, LESLIE
Address: 2102 HIDEAWAY COVE
City-St-Zip: DESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE SEAY TS 03/07/2002

Electronic Signature of Signing Officer or Director — Date