

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000079614**

1. Entity Name

ENTERTAINMENT MANAGEMENT RESOURCE GROUP, INC.

Principal Place of Business

12800 INDIAN ROCKS ROAD #5
LARGO FL 33774

Mailing Address

12800 INDIAN ROCKS ROAD #5
LARGO FL 33774

2. Principal Place of Business

2393 Weymouth Dr.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

33764

Country

USA

Zip

Country

4. FEI Number 59-3607237

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

~~EAGAN, DAN~~
12800 INDIAN ROCKS ROAD #5
LARGO FL 33774

Name

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

2393 Weymouth Dr.

City
Clearwater

FL

Zip Code
33764

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
EAGAN, DON
12800 INDIAN ROCKE RD STE 5
LARGO FL 33774 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EAGAN, DAN
2393 Weymouth Dr.
Clearwater, FL 33764 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan Eagan

4/28/01

Date

727-532-8255

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90217 045 ***150.00

L01163438



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)