

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90889 027 \*\*\*150.00

**DOCUMENT # P99000080737**

1. Entity Name

**EMERY ENTERPRISES, INC.**

Principal Place of Business

**6139 S LOCKWOOD RIDGE RD  
SARASOTA FL 34231**

Mailing Address

**6139 S LOCKWOOD RIDGE RD  
SARASOTA FL 34231  
P.O. Box 250  
Glen Jean, WV 25846**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 250**

**P.O. Box 250**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Glen Jean, WVA**

City & State

**Glen Jean, WV**

Zip

**25846**

Country

Zip

**25846**

Country

4. FEI Number

**65-0948753**

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

**EMERY, LINDA**

**6139 S LOCKWOOD RIDGE RD  
SARASOTA FL 34231**

Name

**Emery, Linda**

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

**5525 Murdock Ave**

City

**Sarasota**

**FL**

Zip Code

**34231**

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>EMERY, JEFFREY</b>	
STREET ADDRESS	<b>6139 S LOCKWOOD RIDGE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>EMERY, LINDA</b>	
STREET ADDRESS	<b>6139 S LOCKWOOD RIDGE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jeffrey Emery</b>	
STREET ADDRESS	<b>P.O. Box 250</b>	
CITY-ST-ZIP	<b>Glen Jean, WV 25846</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Linda Emery</b>	
STREET ADDRESS	<b>P.O. Box 250</b>	
CITY-ST-ZIP	<b>Glen Jean, WV 25846</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Linda Emery, Linda Emery**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/02**

Date

**941 3764296**

Daytime Phone #

CR2E034 (9/01)