

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90055 028 ***158.75

0597739 AT

DOCUMENT # P99000094094

1. Entity Name

EMERALD COAST ELECTRIC, INC.

Principal Place of Business

**809 B FLORIDA AVE
 LYNN HAVEN FL 32444**

Mailing Address

**P O BOX 1448
 809 B FLORIDA AVE
 LYNN HAVEN FL 32444**



2. Principal Place of Business

**1612 Suwe Ave
 Bldg 1 Suite 110
 Panama City FL**

3. Mailing Address

**P O Box 15535
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

**PANAMA CITY FL
 Zip 32406 Country USA**

City & State

**PANAMA CITY FLORIDA
 Zip 32406 Country**

4. FEI Number

59-3605790

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMSON, R L JR
 809 B FLORIDA AVE
 P.O. BOX 1448
 LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

**Name R. L. Williamson JR
 Street Address (P.O. Box Number is Not Acceptable) 1612 Suwe Avenue
 Bldg 1 Suite 102
 City PANAMA CITY FL Zip Code 32406**

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 R. L. Williamson JR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/02

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

TITLE	CCEO	<input type="checkbox"/> Delete
NAME	WILLIAMSON JR, R L	
STREET ADDRESS	809 B FLORIDA AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	HOBBS, K SCOTT	
STREET ADDRESS	P O BOX 1448	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA T. WILLIAMSON	
STREET ADDRESS	1612 Suwe Ave Bldg 1 Suite 112	
CITY-ST-ZIP	PANAMA CITY FLORIDA 32406	
TITLE	V.P. COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON A. WILLIAMSON	
STREET ADDRESS	208 Hidden Creek Pkwy	
CITY-ST-ZIP	Prichard, AL 35124	
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:

WILLIAMSON JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 (850) 522-6005
 Date Daytime Phone #

CR2E034 (9/01)