

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90044 030 \*\*\*150.00

**DOCUMENT # P99000094134**

1. Entity Name

REBECCA S. EMERY, P.A.

ADUG, INC

dba RE/MAX 1st Advantage Rea

Principal Place of Business

2412 DEVONSWOOD ROAD  
TITUSVILLE FL 32780

Mailing Address

2412 DEVONSWOOD ROAD  
TITUSVILLE FL 32780-4516

2. Principal Place of Business

3333 S. Hopkins Ave

3. Mailing Address

2412 Devonswood Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville FL

City & State

Titusville FL

4. FEI Number

59-3603850

Applied For

Not Applicable

Zip

Country

32780 USA

Zip

Country

32780 USA

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, REBECCA S  
2412 DEVONSWOOD ROAD  
TITUSVILLE FL 32780

Name

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

City

FL

Zip Code

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)

X

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

ROBAINA, MARIO L.  
1311 S. U.S. 1  
Rockledge, FL 32955

President  
Secretary  
Treasurer

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
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:

MARIO L. ROBAINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

(321) 264-2601

Daytime Phone #

CR2E034 (9/99)