

2001 UNIFORM BUSINESS REPORT

DOCUMENT # P99000104014

1. Entity Name
EMERALD COAST ASSET MANAGEMENT, INC.

Principal Place of Business
144 INDIAN BAYOU DR.
DESTIN FL 32541

Mailing Address
144 INDIAN BAYOU DR.
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3616342

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'LEARY, D. MICHAEL
101 E. KENNEDY BLVD., STE. 2700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name DAVID A. DUROURE

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

144 INDIAN BAYOU DR.

City DESTIN

FL Zip Code 32541

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 O'LEARY, D. MICHAEL

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

(NOTE: Registered agent is not required when reinstating.)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
NAME DUROURE, DAVID
STREET ADDRESS 144 INDIAN BAYOU DR.
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not disqualify 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

DAVID A. DUROURE

7/24/01

(850) 830 0313

FILED
Sep 18, 2001 8:00 am
Secretary of State

08-31-2001 90113 045 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)