

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90127 011 ***150.00

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

3921 E. SCENIC HWY 30-A
 Suite, Apt. #, etc.

3. Mailing Address

3921 E. SCENIC HWY 30-A
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SANTA ROSA BEACH, FL

City & State
SANTA ROSA BEACH FL

4. FEI Number **59-3616342**

Applied For
☒ **Not Applicable**

Zip
32459

Country
U.S.A.

Zip
32459

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUROUKE, DAVID A
144 INDIAN BAYOU DR
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name **DAVID A. DUROURE**
Street Address (P.O. Box Number is Not Acceptable)
3921 E. SCENIC HWY 30-A
City **SANTA ROSA BCH** **FL** **Zip Code** **32459**

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.

DAVID A. DUROURE

4/28/02
DATE

(NOTE: Registered Agent signature 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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **DUROURE, DAVID**
STREET ADDRESS **144 INDIAN BAYOU DR.**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DAVID DUROURE** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **195 DURANGO N.E. #5-A**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (9/01)

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

DAVID A. DUROURE

4/28/02 (850) 830-0313
DATE **Daytime Phone #**