

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 Mailing Address
144 INDIAN BAYOU DR. 144 INDIAN BAYOU DR.
DESTIN FL 32541 DESTIN FL 32541

2. Principal Place of Business 3. Mailing Address
3921 E. SCENIC HWY 30-A 3921 E. SCENIC HWY 30-A
 Suite, Apt. #, etc. Suite, Apt. #, etc.



City & State City & State 4. FEI Number Applied For
SANTA ROSA BEACH, FL SANTA ROSA BEACH FL 59-3616342 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32459 U.S.A. 32459 U.S.A.

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DUROUKE, DAVID A DAVID A. DUROURE
144 INDIAN BAYOU DR Street Address (P.O. Box Number is Not Acceptable)
DESTIN FL 32541 3921 E. SCENIC HWY 30-A
 City Zip Code
SANTA ROSA BCH FL 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]* **DAVID A. DUROURE** **4/28/02**
 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.
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 NAME STREET ADDRESS CITY-ST-ZIP	D DUROURE, DAVID 144 INDIAN BAYOU DR. DESTIN FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID DUROURE 195 DURAN GO N.E. #5-A DESTIN FL 32541
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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: DAVID A. DUROURE
4/28/02 (850) 830-0313
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)