2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P99000104014 DOCUMENT

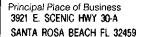
1. Entity Name



Apr 10, 2003 8:00 am Secretary of State **FILED**

04-10-2003 90113 037 ***158.75

EMERALD COAST ASSET MANAGEMENT, INC.



Mailing Address 3921 E. SCENIC HWY 30-A SANTA ROSA BEACH FL 32459

2. Principal Place of Business O A 3. Mailing Address O A C .							- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
2. Brincipal Place of Business CIFFS Rd 3. Mailing Address BAY CLIFFS Rd.								_				
Suite, Apt.	# BF	GBZB FL.	GULF BREEZE PL			FO	CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. F	4. FEI Number 59-3616342 Applied Fo				 	
Zio -		Country	- 7in	Country							ot Applicable	
3256 / Country LA 6. Name and Address of Current R			32561	1 0(0 10			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	N	7. Name and Address of New Registered Agent										
DUROUKE, DAVID A					DHUID H. OUROURE							
3921 E. S	Si	Street Address (P.O. Pax Alumber is Not Aggestatists) S Rd.										
SANTA R			<u></u>									
	c	City GULF BREEZE FL 3500 TA/										
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. I am familiar with,											and accept	
the obligations of registered abents												
SIGNATURE												
Signature, typed or frinted some of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00.										10 -мау Ве		
Make Check				Trust F	und Contribution).		d to Fees				
10. OFFICERS AND DIRECTORS 11.						ADI	DITIONS/CH	ANGES TO OFFI	CERS AN	D DIRECTOR	S IN 11	
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SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify or 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CR2E034 (10/02)