

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

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

04-10-2003 90113 037 ***158.75

DOCUMENT # P99000104014

1. Entity Name
EMERALD COAST ASSET MANAGEMENT, INC.



Principal Place of Business
3921 E. SCENIC HWY 30-A
SANTA ROSA BEACH FL 32459

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



2. Principal Place of Business

828 BAY CLIFFS Rd.
Suite, Apt. #, etc.
GULF BREEZE FL.

3. Mailing Address

828 BAY CLIFFS Rd.
Suite, Apt. #, etc.
GULF BREEZE FL.

☒ CHECK HERE IF MAKING CHANGES

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

DUROUKE, DAVID A
3921 E. SCENIC HWY 30-A
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name DAVID A. DUROURE
Street Address (P.O. Box Number is Not Acceptable) 828 BAY CLIFFS Rd.
City GULF BREEZE **FL** **Zip Code** 32561

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 agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** 4/8/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUROURE, DAVID 195 DURANGO N.E #5-A DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUROURE, DAVID 828 BAY CLIFFS Rd. GULF BREEZE, FL 32561 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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 **DATE** 4/8/03 **Daytime Phone #** (850) 830 0313

CR2E034 (10/02)