

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90246 003 ***150.00

DOCUMENT # V35309

1. Entity Name

EMERALD COAST EMPLOYMENT SERVICES, INC.

Principal Place of Business

Mailing Address

103 NW HOLLYWOOD BLVD
 19
 FT WALTON BEACH FL 32548

103 NW HOLLYWOOD BLVD
 19
 FT WALTON BEACH FL 32548-4723

104280

2. Principal Place of Business

103 NW Hollywood Blvd

Suite, Apt. #, etc.

SUITE A

City & State

FORT WALTON BEACH

Zip

FL

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3123816

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEUGIN, NEAL
 103 NW HOLLYWOOD BLVD
 FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

DPST
 SCOTT, SHEILA WILSON
 98 E MIRACLE STRIP PKWY
 FT WALTON BEACH FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT
 SHEILA WILSON SCOTT
 58 FRIENDLY LANE
 FORT SHALIMAR, FL 32579

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V
 SCOTT, GARY
 58 FRIENDLY LANE
 SHALIMAR FL 32579

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V. PRES - SECRETARY
 NEAL NEUGIN
 1407 BAYSHORE DR.
 NICEVILLE, FL 32578

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
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Change Addition

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 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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

NEAL NEUGIN

Date

1-11-00

Daytime Phone #

ESD-244-8114