

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90266 002 ***550.00
08-11-2003 90266 001 *****8.75

DOCUMENT # V64253

1. Entity Name
EMBRO RESEARCH CORPORATION



Principal Place of Business
**832 NW 57TH STREET
SUITE A
GAINESVILLE FL 32605
US**

Mailing Address
**832 NW 57TH STREET
SUITE A
GAINESVILLE FL 32605
US**



2. Principal Place of Business

3. Mailing Address

**7680 Universal Blvd
Suite, Apt. #, etc.
Ste 198**

**PO Box 174
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL 32819

City & State
Windermere FL

4. FEI Number **59-3144949**

Applied For
Not Applicable

Zip Country
32819 USA

Zip Country
34776 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMBRO, LINDA
832 NW 57TH STREET
SUITE A
GAINESVILLE FL 32605**

Name **Stacy Lyles**
Street Address (P.O. Box Number is Not Acceptable)
**7680 Universal Blvd
Suite 198**
City **Orlando** **FL** Zip Code **32819**

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 **Stacy J Lyles**
Signature, typed or printed name of registered agent and title if applicable.

STACY J Lyles
(NOTE: Registered Agent signature required when reinstating)

7/31/03
DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00*
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **EMBRO, WILLIAM J DR**
CITY-ST-ZIP **832 NW 57TH STREET, SUITE A
GAINESVILLE FL 32605**

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

TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **William A Konstland**
CITY-ST-ZIP **7680 Universal Blvd Ste 198
Orlando, FL 32819**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED**

8-6-03

Date Daytime Phone #

CR2E034 (4/03)