

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90019 029 \*\*\*550.00

**DOCUMENT # V70501**

1. Entity Name  
**JOHN C. EMERSON, III, INC.**

Principal Place of Business  
~~21125 CORTEZ BLVD.~~  
~~BROOKSVILLE FL 34601~~

Mailing Address  
~~21125 CORTEZ BLVD.~~  
~~BROOKSVILLE FL 34601~~



2. Principal Place of Business  
**5275 S. Stetson Point Dr**

3. Mailing Address  
**5275 S. Stetson Point Dr**

DO NOT WRITE IN THIS SPACE

City & State  
**HOMOSASSA, FL.**

City & State  
**HOMOSASSA, FL**

4. FEI Number  
**59-3147538**

Applied For  
 Not Applicable

Zip  
**34448**

Country  
**USA**

Zip  
**34448**

Country  
**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

**VIDAL, HERMAN A**  
~~21125 CORTEZ BLVD~~  
~~BROOKSVILLE FL 34601~~

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5275 S. STETSON POINT DR.**

City **HOMOSASSA** FL Zip Code **34448**

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 Herman A. Vidal, Director Herman A. Vidal 9/5/01  
Signature of person named in registered agent and fee 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D DAVID, JOSEPH D</b> 315 HOWELL AVE BROOKSVILLE FL 34601	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D MANUEL, C.E.</b> 966 CANDLELIGHT BLVD. BROOKSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D VIDAL, HERMAN A</b> <del>21125 CORTEZ BLVD.</del> <del>BROOKSVILLE FL 34601</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>5275 S. STETSON POINT DR.</b> <b>HOMOSASSA, FL. 34448</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Herman A. Vidal **AIRED** 9/5/01 386-792-1121  
Signature of Officer or Director Date Daytime Phone #

CR2E034 (5/01)