

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90336 049 \*\*\*150.00

0570411 AV

DOCUMENT # **V70501**

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



Principal Place of Business  
**6275 S STETSON POINT DRIVE  
HOMOSASSA FL 34448  
US**

Mailing Address  
**5275 S STETSON POINT DRIVE  
HOMOSASSA FL 34448  
US**



2. Principal Place of Business  
**966 Candlelight Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**966 Candlelight Blvd.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Brooksville, FL**  
Zip  
**34601**

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**Brooksville, FL**  
Zip  
**34601**

4. FEI Number **59-3147538**  
Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VIDAL, HERMAN A  
5275 S STETSON POINT DRIVE  
HOMOSASSA FL 34448**

**7. Name and Address of New Registered Agent**

Name **GENE MANUEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**966 CANDLELIGHT BLVD.**  
City **BROOKSVILLE** FL Zip Code **34601**

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: **C.E. Manuel** 4/25/03  
Signature, typed or printed name 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**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DAVID, JOSEPH D</b>
STREET ADDRESS	<b>315 HOWELL AVE</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MANUEL, C.E.</b>
STREET ADDRESS	<b>966 CANDLELIGHT BLVD.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>VIDAL, HERMAN A</b>
STREET ADDRESS	<b>5275 S STETSON POINT DR</b>
CITY-ST-ZIP	<b>HOMOSASSA FL 34448</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lynn Mountain</b>
STREET ADDRESS	<b>23250 Turkey Trot Lane</b>
CITY-ST-ZIP	<b>Brooksville, FL 34601</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul A. Manuel</b>
STREET ADDRESS	<b>7026 Little Road</b>
CITY-ST-ZIP	<b>New Port Richey, FL 34654</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **C.E. Manuel** 4/25/03 352-796-9423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)