

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90010 010 ***550.00

DOCUMENT # **388442**

1. Entity Name **E+M ELECTRONICS, INC.**

Principal Place of Business

Mailing Address

HWY 90 + KATHY JO RD P.O. Box 387
GLEN ST MARY FL 320 40 GLEN ST MARY
FL 32040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

59-1461599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00061491

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADEE MARTIN
P.O. Box 387
HWY 90 AND KATHY JO RD
GLEN ST MARY, FL 32040

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

Adee C. Martin
Adee C. MARTIN

8-05-01

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, 2001 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 **PRESIDENT + VP + DIRECTOR** ☐ Delete
NAME **ADEE MARTIN**
STREET ADDRESS **HWY 90 AND KATHY JO ROAD**
CITY-ST-ZIP **GLEN ST MARY, FL 32040**

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

TITLE **VP** ☒ Delete
NAME **SOPHIA MARTIN**
STREET ADDRESS **6337 ARLINGTON RD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DIANE R PAYNE**
STREET ADDRESS **PO Box 26**
CITY-ST-ZIP **GLEN ST MARY, FL 32040**

TITLE **SEC.** ☐ Delete
NAME **CAROL MARTIN**
STREET ADDRESS **6337 ARLINGTON RD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE **DIRECTOR + VP** ☒ Delete
NAME **SHAWA MARTIN**
STREET ADDRESS **6337 ARLINGTON RD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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

Date

Daytime Phone #

8-05-01 (904) 259-2349

CR2E034 (11/00)