

# 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**

**00061491**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1461599** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ADEE MARTIN**  
**P.O. Box 387**  
**HWY 90 AND KATHY JO RD**  
**GLEN ST MARY, FL 32040**

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 **Adee C. Martin** **Adee C. MARTIN** **8-05-01**  
Signature, typed or printed name of registered agent and title (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

TITLE	<b>PRESIDENT + VP + DIRECTOR</b> <input type="checkbox"/> Delete
NAME	<b>ADEE MARTIN</b>
STREET ADDRESS	<b>HWY 90 AND KATHY JO ROAD</b>
CITY-ST-ZIP	<b>GLEN ST MARY, FL 32040</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SOPHIA MARTIN</b>
STREET ADDRESS	<b>6337 ARLINGTON RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>
TITLE	<b>SEC.</b> <input type="checkbox"/> Delete
NAME	<b>CAROL MARTIN</b>
STREET ADDRESS	<b>6337 ARLINGTON RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>
TITLE	<b>DIRECTOR + VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SHAWA MARTIN</b>
STREET ADDRESS	<b>6337 ARLINGTON RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIANE R PAYNE</b>
STREET ADDRESS	<b>PO Box 26</b>
CITY-ST-ZIP	<b>GLEN ST MARY, FL 32040</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	

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: **Adee C. Martin** **8-05-01 (904) 259-2349**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)