

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90315 048 ***150.00

DOCUMENT # 548532

1. Entity Name

E & M, INC.

Principal Place of Business

Mailing Address

**5 S. MAIN ST.
~~P.O. BOX 2283~~
 HIGH SPRINGS FL 32643-2285**

**5 S. MAIN ST.
~~P.O. BOX 2283~~
 HIGH SPRINGS FL 32643-2662**

2. Principal Place of Business

3. Mailing Address

5 S. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
High Springs

4. FEI Number

59-1786250

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 32643

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

**BENNETT, GARY I.
 5 SOUTH MAIN STREET
 HIGH SPRINGS FL 32643**

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	BENNETT, GARY I.	
STREET ADDRESS	5 SOUTH MAIN	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BENNETT, MARILYN	
STREET ADDRESS	5 SOUTH MAIN	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Stanley W. Bennett

1/14/2000

904-454-1717

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)