

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91743 045 \*\*\*155.00

**DOCUMENT #**

1. Entity Name

E+M PRODUCTS, INC  
P01000006138

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6881 40 Ave N

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 465

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St Pete FL

City & State

Bay Pines, FL

4. EEI Number

59-3688677

Applied For

Not Applicable

Zip

33709

Country

USA

Zip

33744

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

Name

MACARENA ROSE

Street Address (P.O. Box Number is Not Acceptable)

6881 40 Ave N

St Pete

FL

Zip Code

33709

**DO NOT WRITE  
IN THIS SPACE**

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: MACARENA ROSE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

05-14-02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT  
MACARENA ROSE  
6881 40 Ave N  
St Pete FL 33709**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CFO  
TERESA WALLACE  
6881 40 Ave N  
St Pete FL 33709**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: MACARENA ROSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-14-02 727 688 2837

Date

Daytime Phone #

CR2E034B (12/01)