

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90029 030 ***150.00

DOCUMENT # P01000069175

1. Entity Name
E. AND M. ENTERPRISES, INC. OF ENGLEWOOD

Principal Place of Business

**2015 E. DOLPHIN DR.
 ENGLEWOOD FL 34223**

Mailing Address

**2015 E. DOLPHIN DR.
 ENGLEWOOD FL 34223**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1122637

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ISSAC, ROOSEVELT S
 347 S. ORNAGE AVE.
 ARCADIA FL 34266**

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

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, 2002 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 President ☐ Delete
NAME Edward H. Brame
STREET ADDRESS 2015- E. Dolphin Dr.
CITY-ST-ZIP Englewood, FL 34223

TITLE Vice President ☐ Delete
NAME Michaelene H. Brame
STREET ADDRESS 2015- E. Dolphin Dr.
CITY-ST-ZIP Englewood, FL 34223

TITLE Treasurer ☐ Delete
NAME Edward H. Brame
STREET ADDRESS 2015- E. Dolphin Dr.
CITY-ST-ZIP Englewood FL 34223

TITLE Secretary ☐ Delete
NAME Michaelene H. Brame
STREET ADDRESS 2015- E. Dolphin Dr.
CITY-ST-ZIP Englewood, FL 34223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director

4-17-02

Date

941-474-0651

Daytime Phone #

CR2E034 (9/01)