

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90208 033 ***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

1079- Montana Ave.

3. Mailing Address

1079- Montana Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, FL.

City & State

Englewood, FL.

4. FEI Number

65-1122637

Applied For

Not Applicable

Zip

34223

Country

USA

Zip

34223

Country

USA

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BRAME, EDWARD H**
STREET ADDRESS **2015-E DOLPHIN DR**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition
NAME **1079 Montana Ave.**
STREET ADDRESS **Englewood, FL 34223**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BRAME, MICHAELNE H**
STREET ADDRESS **2015-E DOLPHIN DR**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition
NAME **1079 Montana Ave.**
STREET ADDRESS **Englewood, FL 34223**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BRAME, EDWARD H**
STREET ADDRESS **2015-E DOLPHIN DR**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition
NAME **1079 Montana Ave.**
STREET ADDRESS **Englewood, FL 34223**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BRAME, MICHAELNE H**
STREET ADDRESS **2015-E DOLPHIN DR**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition
NAME **1079- Montana Ave.**
STREET ADDRESS **Englewood, FL, 34223**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michaelene H. Brame **Michaelene H. Brame 2-11-03 (941) 474-0651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #