

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90109 003 ***150.00

DOCUMENT # P02000088435

1. Entity Name
E&M RENTALS, INC.



Principal Place of Business
**1774 S.E. WESTMORE BLVD
PORT ST. LUCIE FL 34952**

Mailing Address
**7880 N. UNIVERSITY DRIVE
SUITE 201
TAMARAC FL 33321**



2. Principal Place of Business
**1774 S.E. WESTMORE BLVD
PORT ST. LUCIE FL**

3. Mailing Address
1774 S.E. WESTMORE BLVD

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
PORT ST. LUCIE, FL

4. FEI Number
55-0791073

Applied For
Not Applicable

Zip
34952

Country
U.S.A.

Zip
34952

Country

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

**CROSSMAN, EARL R JR
1774 SE. WESTMORELAND BLVS
PORT ST. LUCIE FL 34952**

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 reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EARL R. CROSSMAN JR. 1774 S.E. WESTMORELAND BLVD PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MIGDALIA CROSSMAN 1774 S.E. WESTMORELAND BLVD PORT ST. LUCIE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EARL R. CROSSMAN JR. 1774 S.E. WESTMORELAND BLVD PORT ST. LUCIE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 772-979-0882
Date Daytime Phone #

CR2E034 (10/02)