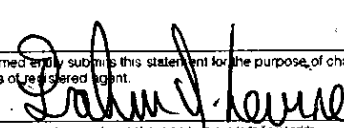
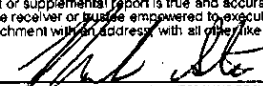


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90977 030 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099964					
1. Entity Name E & M AUTO CORPORATION					
Principal Place of Business 7707 CANAL DRIVE LAKE WORTH, FL 33467			Mailing Address 7707 CANAL DRIVE LAKE WORTH, FL 33467		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0431017	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHAEL A. LAMPERT, P.A. 1666 PALM BEACH LAKES BLVD. SUITE 900 W. PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name BRAHM D. LEVINE, C.P.A. Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DR. SUITE 300-P City WEST PALM BEACH FL Zip Code 33401		
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  DATE APRIL 15, 2003 (NOTE: Registered Agent signature required when resigning)					
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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	D MERICKENBERGER, ERVIN 832 CHERRY RD W PALM BEACH, FL 33409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S.D. ERVIN CRICKENBERGER	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, MARK 7707 CANAL DR LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 without address, with all other like empowered.					
SIGNATURE: 			DATE: APRIL 16, 2003 561-682-3748		

CR2E034 (10/02)