

2002 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0092859 AV

DOCUMENT # P93000041197

1. Entity Name
E & M AFFILIATES, INCORPORATED

FILED
02 JUL 24 AM 11: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4615 GULF BLVD
SUITE 104
ST PETERSBURG BEACH FL 33706
US

Mailing Address

4615 GULF BLVD
SUITE 104
ST PETERSBURG BEACH FL 33706
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3189972

Applied For
Not Applicable

Zip

Country

Zip

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

NICHOLS, PAUL RAPHAEL
2613 54TH ST. S.
GULFPORT FL 33707

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees -

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME NICHOLS, PAUL RAPHAEL
STREET ADDRESS 2613 54TH ST. S.
CITY-ST-ZIP GULFPORT FL ☐ Delete

TITLE
NAME 700006853737-5
STREET ADDRESS -08/01/02--01042--022
CITY-ST-ZIP *****155.00 *****155.00 ☐ Change ☐ Addition

TITLE T
NAME RAND, EDWARD
STREET ADDRESS 2613 54TH ST. S.
CITY-ST-ZIP GULFPORT FL ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Paul Nichols*

7/16/02

CR2E034 (4/02)

To whom it may concern:
Attachment

7/17/02

PAY 202

Enclosed is a check in the amount of 155⁰⁰
#073000041197

I spoke with a young lady in your office who told me to write a letter stating why my tax's were late.

On early December I suffered a injury that caused me to take an addictive pain medication. By mid January I was totally addicted to this medication and was very much out of control. In February I was admitted into a drug an alcohol treatment program for the month.

During this time my store was closed and no one new (including myself) that all of my financial obligations were in arrears.

But I am back on my feet again and drug free.

So I am asking you to waive the 400⁰⁰ late fee as I just am now getting back on my feet and really don't have 400 \$ to pay. Please take into consideration my past payment record with your office.

Thank you in advance for your assistance.

D. R. Nichols