

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90433 034 ***150.00

DOCUMENT# **P930000 41197 (3)**

1. Entity Name
E + M AFFILIATES INC



DO NOT WRITE IN THIS SPACE

80088616

2. Principal Place of Business

4615 Gulf Blvd

3. Mailing Address

4615 Gulf Blvd

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

St Pete Beach

City & State

St Pete Beach

Zip

33706

Country

USA

Zip

33706

Country

US

4. FEI Number

59-3189972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL RAPHAEL NICHOLS

Street Address (P.O. Box Number is Not Acceptable)

2919 53rd St S

City

Gulf Port

FL

Zip Code

33707

**DO NOT WRITE
IN THIS SPACE**

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

Paul Raphael Nichols

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**President
Paul R Nichols
2919 53rd St S.
Gulf Port, FL 33707**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul R Nichols

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-03

Date

727 3605730

Daytime Phone #

CR2E034B (12/02)