

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90058 019 \*\*\*\*61.25

**DOCUMENT # 719846**

1. Entity Name

**PANAMA CITY SPILLAGE CONTROL, INC.**

Principal Place of Business

Mailing Address

122 S. CENTER AVE  
 PANAMA CITY FL 32401

122 S. CENTER AVE  
 PANAMA CITY FL 32401-4939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-0671984**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

e

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, WESLEY**  
**122 S. CENTER AVE**  
**PANAMA CITY FL 32401**

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.

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	MOORE, WESLEY	
STREET ADDRESS	122 S. CENTER AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VIC ZEMAITIS	
STREET ADDRESS	525 W. BEACH DR.	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WATKINS, JERRY	
STREET ADDRESS	220 S CHURH AVE	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	RILEY, L. D.	
STREET ADDRESS	501 S EAST AVE	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Jerry Watkins Jerry Watkins 3/21/00 850-7633042  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)