## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 09, 2000 8:00 am Secretary of State **DOCUMENT # 483525** 1. Entity Name G.J.M., INC. 03-09-2000 90091 022 \*\*\*150.00 Principal Place of Business Mailing Address 11907 WEST HIGHWAY 98 11807 WEST HIGHWAY 98 PANAMA CTY BCH FL 32407-2509 PANAMA CTY BCH FL 32407 C0034929 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1615976 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent Sowell SOWELL, JERRY F. Street Address (P.O. Box Number is Not Acceptable) 11807 W. HWY. 98 PANAMA CITY FL 32407 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 DATE name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Gretchen Scoperutta Addition PD Delete TITLE SOWELL, JERRY F 2717 Josks Ave NAME STREET ADDRESS STREET ADDRESS 3021 KINGS ROAD Panama City, FL 324as Joe Scapero to CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 4Addition Delete Change TITLE TITLE SOWELL, HELEN V NAME 2717 Janks Ave. NAME STREET ADDRESS 3021 KINGS ROAD STREET ADDRESS Panama C.ty, FL 32405 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 SIT Sowell TITLE - - - Delete TITLE Mary Sowell 2415 Parkwood D. Panama C.ty, FL 32405 Derry F. Sowell, JR 2415 Parkwood Dr Panama City, FL 32405 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition □ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Detete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.