

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90067 040 ***150.00

DOCUMENT # 483525

1. Entity Name

G.J.M., INC.

Principal Place of Business

**11807 WEST HIGHWAY 98
 PANAMA CTY BCH FL 32407**

Mailing Address

**11807 WEST HIGHWAY 98
 PANAMA CTY BCH FL 32407**

2. Principal Place of Business

11807 Front Beach Road
 Suite, Apt. #, etc.

3. Mailing Address

11807 Front Beach Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-1615976**

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

**SOWELL, MARY
 11807 W. HWY. 98
 PANAMA CITY FL 32407**

Name

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

11807 Front Beach Road

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 _____ (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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SOWELL, JERRY F JR. 2415 PARKWOOD DR PANAMA CITY FL 32405	<input type="checkbox"/>		
PD SCOPEROTTA, GRETCHEN 2717 JENKS AVE PANAMA CITY FL 32405	<input type="checkbox"/>	Scaperotta	<input type="checkbox"/>
VD SCAPERUTTA, JOE 2717 JENKS AVE PANAMA CITY FL 32405	<input type="checkbox"/>	scaperotta	<input type="checkbox"/>
ST SOWELL, MARY 2415 PARKWOOD DR PANAMA CITY FL 32405	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: Mary Sowell **Mary Sowell** 1-19-01 850-234-2275
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)