

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90109 044 ***150.00

DOCUMENT # G61466

1. Entity Name
JEMCO OF PENSACOLA, INC.

Principal Place of Business

**6000 PENSACOLA BLVD
PENSACOLA FL 32505
US**

Mailing Address

**6000 PENSACOLA BLVD
PENSACOLA FL 32505
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2343376

Applied For

Not Applicable

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

**MERCER, JOSEPH EDWARD
6000 PENSACOLA BLVD
PENSACOLA FL 32505**

Name

TURNER, HAROLD A.

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

6000 PENSACOLA BLVD.

City

PENSACOLA

FL

Zip Code

32505

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

HAROLD A. TURNER, Pres.

4-26-02

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 \$150.00
After May 1, 2002 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

TITLE	PD	☒ Delete
NAME	MERCER, JOSEPH EDWARD	
STREET ADDRESS	2324 EAST LAKEVIEW AVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VP	☐ Delete
NAME	TURNER, HAROLD ALLEN	
STREET ADDRESS	3156 MARCUS POINTE DR	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	S	☒ Delete
NAME	SMITH, TINA MARIE	
STREET ADDRESS	2438 CAVALLA LOOP	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	☒ Change ☐ Addition
NAME	TURNER HAROLD A.	
STREET ADDRESS	483 DEER POINTE DR.	
CITY-ST-ZIP	GULF BREEZE, FL. 32561	
TITLE	VP	☐ Change ☒ Addition
NAME	TURNER, KIMBERLY M.	
STREET ADDRESS	483 DEER POINTE DR.	
CITY-ST-ZIP	GULF BREEZE FL. 32561	
TITLE	ST	☒ Change ☐ Addition
NAME	TURNER HAROLD A.	
STREET ADDRESS	483 DEER POINTE DR.	
CITY-ST-ZIP	GULF BREEZE FL. 32561	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (850) 479-9667

Date

Daytime Phone #

CR2E034 (9/01)