

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J75597

1. Entity Name

G-BAR SERVICE MART NO. 301, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90011 002 ***150.00

Principal Place of Business

5899 N 9TH AVE.
~~BOX 8154~~
PENSACOLA FL 32505
US

Mailing Address

PO BOX 17026
PENSACOLA FL 32522
US

C0037149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5899 N 9TH AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

4. FEI Number 59-2822490

Applied For

Not Applicable

Zip 32504

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THREADGILL, GREG
2103 W. HERMAN ST.
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

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

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

TITLE PST
NAME THREADGILL, LINDA G
STREET ADDRESS 9503 PLYMOUTH LANE
CITY-ST-ZIP CANTONMENT FL ☐ Delete

TITLE D
NAME THREADGILL, LINDA G.
STREET ADDRESS 9503 PLYMOUTH LANE
CITY-ST-ZIP CANTONMENT FL ☐ Delete

TITLE VPD
NAME THREADGILL, EDWIN G
STREET ADDRESS 2103 W. HERMAN ST
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)