

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90538 021 \*\*\*150.00

**DOCUMENT # P00000080040**

**1. Entity Name**  
**GEM MOTORS OF PANAMA CITY, INC.**

**Principal Place of Business**      **Mailing Address**  
**647 CLARA AVENUE**      **647 CLARA AVENUE**  
**PANAMA CITY BEACH FL 32407**      **PANAMA CITY BEACH FL 32407**

**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** **59-3669515**      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HELL, BRIAN D**  
**9108 FRONT BEACH ROAD**  
**PANAMA CITY BEACH FL 32407**

**7. Name and Address of New Registered Agent**

Name **Jones, Jeff**  
 Street Address (P.O. Box Number is Not Acceptable) **647 CLARA AVE**  
 City **PANAMA CITY BEACH** FL Zip Code **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** JEFF JONES      4/22/02  
 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JONES, JEFF</b>		NAME		
STREET ADDRESS	<b>647 CLARA AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32407</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** JEFF JONES      4/22/02      850-235-8051  
 Signature, typed or printed name of signing officer or director      Date      Daytime Phone #