

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055114

1. Entity Name

JEM DIVERSIFIED, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90028 048 \*\*\*550.00

Principal Place of Business

Mailing Address

221 E GARDEN ST  
STE 8-W  
PENSACOLA FL 32501  
US

PO BOX 815  
GULF BREEZE FL 32562-0815  
US

2. Principal Place of Business

3. Mailing Address

320 W. GOVERNMENT ST  
Suite, Apt. #, etc.

P.O. Box 1344  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
PENSACOLA, FL

City & State  
Gulf Breeze, FL

4. FEI Number  
59-3325249

Applied For  
Not Applicable

Zip  
32501

Country  
USA

Zip  
32562

Country  
USA

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

MYTCZYNSKYJ, JOSEPH  
221 E GARDEN ST  
STE 8-W  
PENSACOLA FL 32501

Name  
MARTIN H. THOMPSON, III

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

City  
Gulf Breeze FL 32561

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 MARTIN H. THOMPSON, III 6/5/2000  
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MYTCZYNSKYJ, JOSEPH 221 E GARDEN ST STE 8-W PENSACOLA FL 32501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director MARTIN H. THOMPSON, III 4 POINCIANA DR. Gulf Breeze, FL 32561	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARTIN H. THOMPSON, III 6/5/2000 850-435-0522  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR 2034 (9/95)