

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001728

1. Entity Name

ZEM, INC. OF PANAMA CITY

**FILED**  
Feb 29, 2000 8:00 am  
**Secretary of State**

02-29-2000 90171 014 \*\*\*150.00

Principal Place of Business Mailing Address  
13312 FRONT BEACH RD 137 N BID-A-WEE LN  
PANAMA CITY FL 32407 PANAMA CITY BEACH FL 32413-2762  
US US

2. Principal Place of Business 3. Mailing Address  
13312 front beach rd 137 N. Bid-A-Wee Ln  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Panama City Beach, FL Panama City Beach, FL  
Zip Country Zip Country  
32407 U.S.A. 32413 U.S.A.

4. FEI Number 59-3424719 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
NABORS, SCOTT R  
456 HARRISON AVE  
PANAMA CITY FL 32401

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. ☐ 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                      | P                        | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CASANOVA-RASCON, ZAIDA L |                                 | NAME  |  |   |
| STREET ADDRESS             | 137 N BID-A-WEE LN       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | PANAMA CITY BCH FL 32413 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | VT                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RASCON, MIGUEL A         |                                 | NAME  |  |   |
| STREET ADDRESS             | 137 N BID-A-WEE LN       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | PANAMA CITY BCH FL 32413 |                                 | 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 |
| 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 |
| 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 |
| 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-23-2000 Date Daytime Phone #

CR2E034 (9/99)