

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026380

1. Entity Name

G3 SPECIALTIES, INCORPORATED

Principal Place of Business

539 HARMON AVENUE
PANAMA CITY FL 32401

Mailing Address

539 HARMON AVENUE
PANAMA CITY FL 32401

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

59-3446234

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

HOWARD, HERBERT L
539 HARMON AVENUE
PANAMA CITY FL 32401

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME HOWARD, HERBERT L
STREET ADDRESS POST OFFICE BOX 3969 N/A
CITY-ST-ZIP SPRINGFIELD FL 32401 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003414796--1
CITY-ST-ZIP -10/05/00--01052--015

TITLE D
NAME KEITH, ROBERT T
STREET ADDRESS POST OFFICE BOX 1333 N/A
CITY-ST-ZIP WEWAHITCHKA FL 32465 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003414796--1
CITY-ST-ZIP -10/05/00--01052--016

TITLE D
NAME MCGLOCKTON, H L
STREET ADDRESS RTE. 2, BOX 66
CITY-ST-ZIP BRISTOL FL 32321 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****4.67 ☐ Change ☐ Addition

TITLE S
NAME ROULHAC, JUDY-W
STREET ADDRESS 1139 VARSITY DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS

TITLE D
NAME MCGLOCKTON, EARL
STREET ADDRESS 1205 COMMERCIAL PARK DR
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS

TITLE
NAME
STREET ADDRESS ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS KE

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

09/15/00

(850) 763-5381

Daytime Phone

CR2E034 (5/00)