

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90092 049 ***150.00

DOCUMENT # P98000086084

1. Entity Name

JEFF WHEELER GEM'S AND MINERALS, INC.

Principal Place of Business

Mailing Address

**9045 BREELAND DRIVE
TAMPA FL 33626**

**9045 BREELAND DRIVE
TAMPA FL 33626-2975**

2. Principal Place of Business

3. Mailing Address

9420 Lazy Lane D-13
Suite, Apt. #, etc.

9420 Lazy Lane D-13
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa, Fla

Tampa, FL

4. FEI Number **59-3536479**

Applied For

Not Applied For

Zip **33614**

Country

USA

Zip

33614

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

**CONNETT, STEPHEN G
111 MASON STREET
BRANDON FL 33511**

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, 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 **PT** ☐ Delete
NAME **WHEELER, JAMES J**
STREET ADDRESS **9045 BREELAND DRIVE**
CITY-ST-ZIP **TAMPA FL 33626**

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

TITLE **VS** ☒ Delete
NAME **WHEELER, SHARON G**
STREET ADDRESS **9045 BREELAND DRIVE**
CITY-ST-ZIP **TAMPA FL 33626**

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

TITLE ☐ Delete
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CITY-ST-ZIP ☐ Change ☐ Add

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:

James J. Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

813 936 1434
Daytime Phone #