

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90130 001 \*\*\*150.00

DOCUMENT # *P98000086084*

1. Entity Name

*JEFF WHEELER GEM'S & MINERALS, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*5914 Trouble Creek Dr*

Suite, Apt. #, etc.

3. Mailing Address

*5914 Trouble Creek Dr*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*New Port Richey, FL*

Zip *34652*

Country

City & State

*New Port Richey, FL*

Zip *34652*

Country

4. FEI Number

*59-3536479*

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*STEPHEN G. CONNETT*

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

*213 N. PARSONS AV*

City

*BRANDON*

**FL**

Zip Code

*33510*

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐ Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *D, P, S, T*  
NAME *Jeff Wheeler*  
STREET ADDRESS *5914 Trouble Creek Dr*  
CITY-ST-ZIP *New Port Richey, FL 34652*

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12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #