

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90219 028 ***150.00

DOCUMENT # V01842

1. Entity Name
GCJ ENTERPRISES, INC.



Principal Place of Business
P.O. BOX 39
CRESTVIEW FL 32536
US

Mailing Address
P.O. BOX 39
CRESTVIEW FL 32536
US

2. Principal Place of Business

3. Mailing Address

806 Highway 90 W

Suite, Apt. #, etc.

City & State
Crestview, FL

City & State

4. FEI Number **59-3097202**

Applied For
Not Applicable

Zip
32536

Country

Zip

Country

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

JONES, GARY C.
402 REGATTA DRIVE
NICEVILLE FL 32578

Name

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

1401 Trout Drive

City

Panama City Beach

FL

Zip Code

32408

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDS
JONES, GARY C.
402 REGATTA DRIVE
NICEVILLE FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1401 Trout Drive
Panama City Beach, FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
PD
TWITTY, RICHARD A
8540 T E ROGERS RD
LAUREL HILL FL 32567

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
VPD
LALOR, THOMAS M
23 MARINER DR.
FORT WALTON BECH FL 32548

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-03 **850-682-8337**

CR2E034 (10/02)