2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # 502083 1. Entity Name : : GEM LAPIDARY EQUIPMENT, INC. 04-13-2000 90112 009 ***150.00 Mailing Address Principal Place of Business 4206 HERSCHEL ST 4206 HERSCHELL ST JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1650942 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORT.RACHAEL K. Street Address (P.O. Box Number is Not Acceptable) 4161 ROBIN HOOD RD JACKSONVILLE FL 32210 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 The St. Total Report and the Control of the Text and the SIGNATURE Signature, typed or printed name of registered agent and title if applicable YE. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ... Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE FORT, TOM NAME NAME STREET ADDRESS STREET ADDRESS 4161 ROBIN HOOD RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition TITLE ☐ Delete FORT, WILLIAM NAME NAME STREET ADDRESS 4161 ROBIN HOOD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition ST ☐ Delete TITLE TITLE NAME FORT, LYNNE NAME 4161 ROBIN-HOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 the 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

: Thomas L SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)