

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90008 005 ***550.00

DOCUMENT # G48618

1. Entity Name
INTERNATIONAL GEM MERCHANTS, INC.

Principal Place of Business

**4495 ROOSEVELT
 STE 310
 JACKSONVILLE FL 32210-1458**

Mailing Address

**4495 ROOSEVELT
 STE 310
 JACKSONVILLE FL 32210-1458**



2. Principal Place of Business

**4495 Roosevelt Blvd
 Suite, Apt. #, etc.
 Suite 310**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2578040**

Applied For
 Not Applicable

Zip **32210-3356** Country **FL**

Zip **32210-3356** Country **FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROTHSTEIN, SIMON D ESQ
 STE 104 4417 BEACH BOULEVARD
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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 _____ (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 12, 2001 Fee 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BROOKS, DANA LOUISE	
STREET ADDRESS	4495 ROOSEVELT BLVD # 310	
CITY-ST-ZIP	JACKSONVILLE FL 32210-1458	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SMITH, DANIELLE EDITH	
STREET ADDRESS	4495 ROOSEVELT BLVD # 300	
CITY-ST-ZIP	JACKSONVILLE FL 32210-1458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input checked="" type="checkbox"/> CORRECTION
STREET ADDRESS	ZIP 32210-3356	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input checked="" type="checkbox"/> CORRECTION
STREET ADDRESS	ZIP 32210-3356	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANA Louise Brooks 26 Aug 01 904 3885130
 Date Daytime Phone #

CR2E094 (5/01)