

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90403 042 \*\*\*150.00

**DOCUMENT # G65936**

1. Entity Name  
**GEM TRANSPORTATION SERVICES, INC.**

Principal Place of Business      Mailing Address  
**8537 POSEY ROAD      8537 POSEY ROAD**  
**JACKSONVILLE FL 32220      JACKSONVILLE FL 32220**

**657409**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2356250</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| City & State                   |         | City & State        |         |   |  | Not Applicable                        |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|  |  |  |  |  |  |  |  |    |  |          |  |
|--|--|--|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent                                  |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |    |  |          |  |
| <b>MARTINEZ, RALPH J</b><br><b>8537 POSEY RD</b><br><b>JACKSONVILLE FL 32220</b> |  |  |  | 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. <input checked="" type="checkbox"/> (See criteria on back) | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS |                       |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|-----------------------|---------------------------------|---|--|---|
| TITLE                      | PTD                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARTINEZ, PATRICIA C. |                                 | NAME  |  |   |
| STREET ADDRESS             | 8537 POSEY ROAD       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | JACKSONVILLE FL       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | VPS                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARTINEZ, RALPH J.    |                                 | NAME  |  |   |
| STREET ADDRESS             | 8537 POSEY ROAD       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | JACKSONVILLE FL       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                       |                                 | 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: Patricia C. Martinez      PTD Patricia C. Martinez      5/1/01      904-786-4377  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)