

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007228
 1. Entity Name
GEMCO SALES, L.L.C.

FILED

01 AUG 24 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2072 BILTMORE POINT, LONGWOOD FL 32779
 Mailing Address: 2072 BILTMORE POINT, LONGWOOD FL 32779

2. Principal Place of Business: 2180 SR 434W, Suite 1124, Longwood, FL
 3. Mailing Address: 2180 SR 434W, Suite 1124, Longwood, FL

City & State: Longwood, FL
 Zip: 32779
 Country: USA

4. FEI Number: 59-3620378
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
VIHLEN & SILLS, P.A.
 1173 SPRING CENTRE SOUTH BLVD.
 SUITE C
 ALTAMONTE SPRINGS FL 32714

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME: MGR SNYDER, CHARLES STREET ADDRESS: 2072 BILTMORE POINT CITY-ST-ZIP: LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: 2180 SR 434W, Suite 1124 CITY-ST-ZIP: Longwood, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: MGR SNYDER, PAMELA STREET ADDRESS: 2072 BILTMORE POINT CITY-ST-ZIP: LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: 2180 SR 434W, Suite 1124 CITY-ST-ZIP: Longwood, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: 100004562581--0 CITY-ST-ZIP: -08/29/01--01088--015 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** 8/15/01 402/602/2317
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (5/01)

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