


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000022946 1. Entity Name GEM TECHNOLOGY, INC.			
Principal Place of Business 3318 SOUTH WESTSHORE TAMPA, FL 33629		Mailing Address 3318 SOUTH WESTSHORE TAMPA, FL 33629	
2. Principal Place of Business 3510 S. Sterling Ave. Suite, Apt. #, etc.		3. Mailing Address 3510 S. Sterling Ave. Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33629		Zip 33629	
Country USA		Country USA	
4. FEI Number 58-3586265		Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIGLIARA, JOLIE J.G.G. 3703 WEST HORATIO ST TAMPA, FL 33609		7. Name and Address of New Registered Agent Name: <u>Migliara, Jolie J.G.G.</u> Street Address (P.O. Box Number is Not Acceptable): <u>3510 S. Sterling Ave.</u> City: <u>Tampa</u> State: <u>FL</u> Zip Code: <u>33629</u>	
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: <u>Jolie M. Migliara, M.D.</u> Date: <u>4/30/03</u> <small>(Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when assisting) Date)</small>			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: MIGLIARA, JOLIE STREET ADDRESS: 3703 W. HORATIO ST CITY-ST-ZIP: TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE: P. Migliara, Jolie NAME: P. Migliara, Jolie STREET ADDRESS: 3510 S. Sterling Ave. CITY-ST-ZIP: Tampa FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP. Migliara, Lawrence NAME: VP. Migliara, Lawrence STREET ADDRESS: 3510 S. Sterling Ave. CITY-ST-ZIP: Tampa, FL 33629	<input type="checkbox"/> Delete	TITLE: VP. Migliara, Lawrence NAME: VP. Migliara, Lawrence STREET ADDRESS: 3510 S. Sterling Ave. CITY-ST-ZIP: Tampa, FL 33629	<input checked="" 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
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
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
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 or without other like empowerments.			
SIGNATURE: <u>Jolie M. Migliara, M.D.</u> Date: <u>4/30/03</u> <small>(Signature and typed or printed name of signing officer or director Date)</small>		_____ <small>Date</small>	

CRE0304 (10/02)