

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90051 034 ***150.00

770407

DOCUMENT # 567600
1. Entity Name
 GEM'S N THINGS, INC.

Principal Place of Business **Mailing Address**
 3580 Joseph Drive 3580 Joseph Drive
 West Palm Beach, FL West Palm Beach, FL
 33417 33417

2. Principal Place of Business **3. Mailing Address**
 261 South U.S. Hwy 1 7805 SE Trenton Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Tequesta, FL Hobe Sound, FL
Zip **Country** **Zip** **Country**
 33469 33455

4. FEI Number **Applied For**
 59-1825678 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Anthony M. Nardotti
 3389A W. Woolbright Road
 Boynton Beach, FL 33436

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 *Hanna Donovan* *4/30/2001*
Signature by the principal name of registered agent and the filer. (NOTE: Registered Agent Signature required when relocating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	TITLE PVD NAME HANNA DONOVAN STREET ADDRESS 7805 SE TRENTON AVE CITY-ST-ZIP HOBE SOUND, FL 33455
<input type="checkbox"/> Delete	TITLE STD NAME ROBERT DONOVAN STREET ADDRESS 7805 SE TRENTON AVE CITY-ST-ZIP HOBE SOUND, FL 33455
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	TITLE 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)(7), 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 807, 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 filers empowered.

SIGNATURE: *Hanna Donovan* HANNA DONOVAN DIRECTOR *4/30/2001*
Signature and Date Required for Use of a New Officer or Director DATE

CR20034 (11/00)