

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90094 031 \*\*\*150.00

**DOCUMENT # 633546**

1. Entity Name  
**GEM PRODUCTS, INC.**



Principal Place of Business  
**140 INDUSTRIAL LOOP  
ORANGE PARK FL 32073**

Mailing Address  
**140 INDUSTRIAL LOOP  
ORANGE PARK FL 32073**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2027696**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRIDGEWATER, ERLE S  
2095 SALTMYRTLE LANE  
ORANGE PARK FL 32073**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FREDA E LEE VP (Change of Address)**

**1/7/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **BRIDGEWATER, CANDACE** ☐ Delete  
STREET ADDRESS **140 INDUSTRIAL LOOP**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE  
NAME **D BRIDGEWATER, Candace** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **PD BRIDGEWATER, MATTHEW** ☐ Delete  
STREET ADDRESS **1734 ALPS COURT**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE  
NAME **PD BRIDGEWATER, MATTHEW** ☒ Change ☐ Addition  
STREET ADDRESS **140 Industrial Loop**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE  
NAME **TD BRIDGEWATER, ERLE S** ☐ Delete  
STREET ADDRESS **140 INDUSTRIAL LOOP**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **V LEE, FREDA** ☐ Delete  
STREET ADDRESS **286 BONNLYN DR.**  
CITY-ST-ZIP **ORANGE PARK FL**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S SETTLE, LISA** ☐ Delete  
STREET ADDRESS **3075 MOODY AVE.**  
CITY-ST-ZIP **ORANGE PARK FL**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **D ZHU, JOSEPH S** ☐ Delete  
STREET ADDRESS **28 B HOLLAND LN**  
CITY-ST-ZIP **GIFTON PARK NY 12065**

TITLE  
NAME **D ZHU, JOSEPH S** ☒ Change ☐ Addition  
STREET ADDRESS **3900-1102 OLDFIELD CROSSING Dr.**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32223**

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 all other like empowered.

SIGNATURE:

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

**FREDA E. LEE VP**

Date

Daytime Phone #

**1/7/03 904-2640173**

CR2E034 (10/02)