

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #669993

1. Entity Name

GemBox Jewelers, Inc

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90274 001 \*\*\*150.00

Principal Place of Business

1406 Wren Ct  
Longwood Fl. 32750

Mailing Address

301 S. Edgemon Dr.  
Winter Springs Fl.  
32708

655982

2. Principal Place of Business

1406 Wren Ct  
Suite, Apt. #, etc.

3. Mailing Address

301 S. Edgemon Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longwood Fl.

City & State

Winter Springs Fl.

4. FEI Number

59 2017343

Applied For

☒ Not Applicable

Zip

32750

Country

USA

Zip

32708

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Djuana Mcnair  
301 S. Edgemon Dr.  
Winter Springs Fl. 32708

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

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

(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.  
(See criteria on back) ☐

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

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	Pres.	<input type="checkbox"/> Delete
NAME	Randall Osinga	
STREET ADDRESS	301 S. Edgemon Dr.	
CITY-ST-ZIP	Winter Springs Fl. 32708	
TITLE	Pres	<input type="checkbox"/> Delete
NAME	Djuana Mcnair	
STREET ADDRESS	301 S. Edgemon Dr.	
CITY-ST-ZIP	Winter Springs Fl. 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

Randall Osinga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 407467-4352

Date

Daytime Phone #

CR2E034 (9/99)