

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004848

1. Entity Name  
**THE GEMESIS CORPORATION**

Principal Place of Business  
**595 BAY ISLES ROAD  
STE. 200  
LONGBOAT KEY FL 34228**

Mailing Address  
**595 BAY ISLES ROAD  
STE. 200  
LONGBOAT KEY FL 34228**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3423268**

Applied For  
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

7. Name and Address of New Registered Agent

**IRVING, TOM L  
595 BAY ISLES ROAD  
LONGBOAT KEY FL 34228**

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, 2001 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 **D** ☐ Delete  
NAME **FLEMMING, HARRY S**  
STREET ADDRESS **595 BAY ISLES RD. #200**  
CITY-ST-ZIP **LONGBOAT FL 34228**

TITLE **D** ☐ Delete  
NAME **SEменов, YURIY**  
STREET ADDRESS **595 BAY ISLES RD. #200**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **V** ☐ Delete  
NAME **IRVING, TOM L**  
STREET ADDRESS **595 BAY ISLES RD. #200**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **DP** ☐ Delete  
NAME **CLARKE, CARTER W**  
STREET ADDRESS **3030 GRAND BAY BLVD. #3101**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☐ Delete  
NAME **HICKS, WAYLAND R**  
STREET ADDRESS **595 BAY ISLES ROAD**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☐ Delete  
NAME **KOZLOV, VLADIMIR**  
STREET ADDRESS **595 BAY ISLES ROAD**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Tom L. IRVING**

**1/5/01**

Date

**(941) 387-0444**

Daytime Phone #

CR2E034 (10/00)

0406657

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90103 001 \*\*\*150.00