

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90960 023 \*\*\*150.00

**DOCUMENT # F98000004848**



1. Entity Name  
**THE GEMESIS CORPORATION**

Principal Place of Business  
**7040 PROFESSIONAL PKWY EAST  
SARASOTA FL 34240**

Mailing Address  
**7040 PROFESSIONAL PKWY EAST  
SARASOTA FL 34240**



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 **59-3423268**

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

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

Name **Valeiras, Carlos F.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7040 Professional Pkwy East**  
City **Sarasota** FL Zip Code **34240**

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]* DATE **2.20.2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEMMING, HARRY S</b> <b>595 BAY ISLES RD. #200</b> <b>LONGBOAT FL 34228</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEMENOV, YURIY</b> <b>595 BAY ISLES RD. #200</b> <b>LONGBOAT KEY FL 34228</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>IRVING, TOM L</b> <b>595 BAY ISLES RD. #200</b> <b>LONGBOAT KEY FL 34228</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>CLARKE, CARTER W</b> <b>3030 GRAND BAY BLVD. #3101</b> <b>LONGBOAT KEY FL 34228</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HICKS, WAYLAND R</b> <b>595 BAY ISLES ROAD</b> <b>LONGBOAT KEY FL 34228</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOZLOV, VLADIMIR</b> <b>595 BAY ISLES ROAD</b> <b>LONGBOAT KEY FL 34228</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Flemming, Harry S.</b> <b>7040 Professional Pkwy East</b> <b>Sarasota, FL 34240</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Valeiras, Carlos F.</b> <b>7040 Professional Pkwy East</b> <b>Sarasota, FL 34240</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/S/D</b> <b>Thomas V. Buffett</b> <b>1549 Ringling Blvd, Suite 600</b> <b>Sarasota, FL 34236</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <b>Clarke, Carter W.</b> <b>Same</b> <b>Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Hicks, Wayland R.</b> <b>7040 Professional Pkwy East</b> <b>Sarasota, FL 34240</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jerry Williams</b> <b>7040 Professional Pkwy East</b> <b>Sarasota, FL 34240</b>	<input type="checkbox"/> Change <input checked="" 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 all other like empowered.

SIGNATURE: *[Signature]* **CARLOS F. VALEIRAS**  
**PRESIDENT/CEO** Date **02-20-2003**

Attachment #



**GEMESIS**  
THE GEMESIS CORPORATION

70019369  

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F98000004848

**MEMO:**

TO: Division of Corporations

From: Carlos F. Valeiras, Registered Agent

Date: February 28, 2003

RE: Uniform Business Report (UBR)  
Additional Officers / Directors

**ADDITIONS**

Title: D  
Name: Abbaschian, Dr. Reza  
Address: 7040 Professional Pkwy East  
City: Sarasota  
State: FL  
Zip: 34240

Title: D  
Name: Gallagi, Frank  
Address: 7040 Professional Pkwy East  
City: Sarasota  
State: FL  
Zip: 34240