

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3423268**

Applied For

Not Applicable

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-2003

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

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

CP2E034 (10/02)

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

02-20-2003

Date

Daytime Phone #

Attachment #



70019369
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