

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90101 009 ***150.00

DOCUMENT # H535771. Entity Name
GEMI, CORP.Principal Place of Business
**P.O. BOX 1585
PONTE VEDRA BEACH FL 32004-1585
US**Mailing Address
**P.O. BOX 1585
PONTE VEDRA BEACH FL 32004-1585
US**

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 **22-2613401**Applied For
Not Applicable5. 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

**BRANT, MOORE,
MACDONALD, WELLS PA
50 N LAURA ST
SUITE 3100
JACKSONVILLE FL 32202**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PD			
	OTROK, MICHAEL J.	182 SEA HAMMOCK WAY	PONTE VEDRA BEACH FL	
	D			
	HURD, GEORGE A. JR.	SANTEE MILL RD. R.D. 2	BETHLEHEM PA	
	S			
	HUBBS, ROBERT J.	3920 BIGEL COURT	BETHLEHEM PA 18020	

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

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 **Michael J. Otrok**Date **4/17/01**Daytime Phone # **609-655-0185**

CR2E034 (10/00)