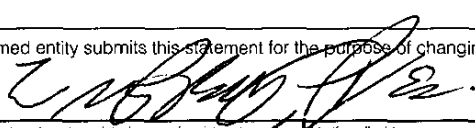
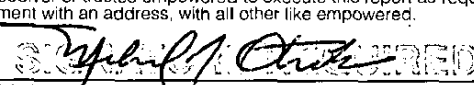


2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90479 003 ***150.00

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 AV

DOCUMENT # H53577			
1. 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 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	
MACDONALD, WELLS PA 50 N LAURA ST SUITE 3100 JACKSONVILLE FL 32202		Name Brant, Abraham, Reiter, McCormick, P.A. Street Address (P.O. Box Number is Not Acceptable) 50 North Laura St. Suite 2750 City Jacksonville FL Zip Code 32202	
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 		DATE 2/27/02	
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, 2002 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	NAME	Delete ☐	
STREET ADDRESS	182 SEA HAMMOCK WAY		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		
TITLE	NAME	Delete ☐	
STREET ADDRESS	SANTEE MILL RD. R.D. 2		
CITY-ST-ZIP	BETHLEHEM PA		
TITLE	NAME	Delete ☐	
STREET ADDRESS	3920 BIGEL COURT		
CITY-ST-ZIP	BETHLEHEM PA 18020		
TITLE	NAME	Delete ☐	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete ☐	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete ☐	
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	Change ☐ Addition ☐	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change ☐ Addition ☐	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change ☐ Addition ☐	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change ☐ Addition ☐	
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: 		Michael J. Otrok President Date 3/6/02 Daytime Phone # 610-346-9690	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/01)