

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J10595

1. Entity Name
GEM SECURITY, INCORPORATED



FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90311 003 ***150.00

0636318 AT

Principal Place of Business
16650 VALLEY DR
TAMPA FL 33618
US

Mailing Address
PO BOX 340585
TAMPA FL 33694
US



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 59-2612563

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, PAULA
41415 WAVELAND WAY
TAMPA FL 33624
16650 Valley Dr.
TAMPA, 33618

Live in
country - no
mail receptacle
mail to →

Name: Paula Morris
Street Address (P.O. Box Number is Not Acceptable)
PO Box 340465
City: Tampa FL Zip Code: 33694

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

Paula Morris

1.23.03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME MORRIS, PAULA E.
STREET ADDRESS 16650 VALLEY DR
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME ~~Paula Morris~~
STREET ADDRESS 16650 Valley Dr
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: Paula Morris REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan 27/03 813.264.2828
Daytime Phone #

CR2E034 (10/02)