

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90024 042 ***150.00

DOCUMENT # J35294

1. Entity Name

GEMS OF NAPLES, INC.

Principal Place of Business

~~101 CARICA ROAD~~ **6855 OLD BANYAN WAY**
~~NAPLES FL 34108~~
~~US~~ **NAPLES, FL 34109**

Mailing Address

~~1000 NORTH TAMiami TRAIL~~ **6855 OLD BANYAN WAY**
~~STE 201~~
~~NAPLES FL 34102~~ **NAPLES, FL 34109**
~~US~~

2. Principal Place of Business

6855 Old Banyan Way

3. Mailing Address

6855 Old Banyan Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

65-0032354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIESKY, JAMES H.
1000 NORTH TAMiami TRAIL
STE 201
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name **HARRISON HubSchman**
 Street Address (P.O. Box Number is Not Acceptable)
6855 Old Banyan Way
 City **NAPLES** **FL** Zip Code **34109**

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

(NOTE: Registered Agent signature required when reinstating)

3/26/02
 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 ☐ Delete
 NAME **PVST HUBSCHMAN, HARRISON**
 STREET ADDRESS **101 CARICA ROAD 6855 OLD BANYAN WAY**
 CITY-ST-ZIP **NAPLES FL NAPLES FL 34109**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

[Signature] **HARRISON HUBSCHMAN** 3/26/02 941 566 2780
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)