

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90008 035 ***150.00

DOCUMENT # P00000008552

1. Entity Name
 GEMO'BRI ENTERPRISES, INC.

Principal Place of Business Mailing Address
 C/O THOMAS C. ROBERGE, CPA C/O THOMAS C. ROBERGE, CPA
 1 BEACH DRIVE SE - SUITE 220 1 BEACH DR SE - STE 220
 ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701

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

59-3630439

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

Name
 THOMAS C. ROBERGE, CPA
 Street Address (P.O. Box Number is Not Acceptable)
 1 BEACH DR SE - STE 220

City
 ST. PETERSBURG

FL

Zip Code
 33701

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 THOMAS C. ROBERGE

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/01

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D,P,V
 STREET ADDRESS CLARENCE HAWKINS
 CITY-ST-ZIP 1 BEACH DR SE - STE 220
 ST. PETERSBURG, FL 33701

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D,S,T
 STREET ADDRESS BARBARA HAWKINS
 CITY-ST-ZIP 1 BEACH DR SE - STE 220
 ST. PETERSBURG, FL 33701

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

THOMAS C. ROBERGE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/01 727/822 9393

CR2E034 (11/00)