

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 08, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000011626**1. Entity Name  
GEM CREEK TECHNOLOGY, INC.

Principal Place of Business 2000 E. EDGEWOOD DR., #214  LAKELAND FL 33803	Mailing Address 2000 E. EDGEWOOD DR., #214  LAKELAND FL 33803
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2. Principal Place of Business 905 WOODMONT LANE	3. Mailing Address PO BOX 2039
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LAKELAND FL	City & State LAKELAND FL
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Zip 33813	Country	Zip 338062039	Country US
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4. FEI Number ☐ Applied For  
☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SHUFFLEBARGER JOHN  
2000 E. EDGEWOOD DR., #214

LAKELAND FL 33803 US

**7. Name and Address of New Registered Agent**Name  
SHUFFLEBARGER JOHNStreet Address (P.O. Box Number is Not Acceptable)  
PO BOX 2039City  
LAKELAND FL Zip Code  
338062039

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 **02/08/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SHUFFLEBARGER JOHN	
STREET ADDRESS	2000 E. EDGEWOOD DR., #214	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUFFLEBARGER JOHN B	
STREET ADDRESS	PO BOX 2039	
CITY-ST-ZIP	LAKELAND FL 338062039	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: John B. Shufflebarger**

D

02/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)