FILED

## 2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P00000014622 **DOCUMENT #** 04-28-2003 90163 049 \*\*\*150.00 1. Entity Name GEM DEVELOPMENT, INC. Principal Place of Business Mailing Address 24571 REDFISH STREET 24571 REDFISH STREET BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 59-3627123 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent VOGEL, JAMES D 3936 TAMIAMI TRAIL NORTH, SUITE B NAPLÉS FL 34103 8. The above named entity submit s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered SIGNATURE Signature, typed or (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE ☐ Addition TITLE ☐ Delete MCLAY, GLEN NAME NAME TILLI Appleby Drive Naples, FL 34104 24571 REDFISH STREET STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 1 Change Addition NAME MCLAY, SUSAN NAME 24571 REDFISH STREET STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 in changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP