

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **00000084393**
1. Entity Name **GEM Carpentry Incorporated**

FILED

02 DEC 23 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **22 Moreno Point Rd** 3. Mailing Address **22 Moreno Point Rd**

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.
#3

City & State
Destin, FL

City & State
Destin, FL

4. FEI Number
62-1832701

Applied For
Not Applicable

Zip
32541 Country
USA

Zip
32541 Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **C. Jeffery McInnis**
Street Address (P.O. Box Numbers Not Acceptable)
909 Mar Walt Drive
Suite #1014
City **Ft. Walton Beach FL** Zip Code **32547**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP | P Michael Timblin 22 Moreno Point Rd #3 Destin, FL 32541 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V Sean Younkin 208-K SE Third St Ft. Walton Beach, FL 32548 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T/S Kelli Timblin 22 Moreno Point Rd #3 Destin, FL 32541 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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|----------------------------------------------------|------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 000009632980 12/23/02--01039--004 **70.00 |
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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 of 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 on an attachment with an address and all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)