2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P00000104937 GEM'S INSTALLATION, INC. 03-26-2001 90141 016 ***150.00 Principal Place of Business Mailing Address 6908 SAWTOOTH CT 6908 SAWTOOTH CT OCOEE FL 34761 OCOEE FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'FARRIL, JOSE Street Address (P.O. Box Number is Not Acceptable) 6908 SAWTOOTH CT **OCOEE FL 34761** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition O'FARRIL, JOSE NAME NAME STREET ADDRESS 6908 SAWTOOTH CT STREET ADDRESS CITY-ST-ZIP OCOEE FL 34761 CITY-ST-ZIP STD ☐ Delete TITLE Change ☐ Addition TITLE O'FARRIL, GRACE NAME NAME STREET ADDRESS 6908 SAWTOOTH CT STREET ADDRESS CITY-ST-ZIP **OCOEE FL 34761** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

JOSE O'FHRRIL

(401)290-2108

Change

Addition

Daytime Phone #