

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90110 039 \*\*\*550.00

**DOCUMENT # P05148**

1. Entity Name  
**GEM ELECTRIC OF FLORIDA CO., INC.**

Principal Place of Business

**2700 INDUSTRIAL AVE  
 2  
 FT. PIERCE FL 34946  
 US**

Mailing Address

**P.O. BOX 11127  
 20 COMMERCE DRIVE  
 HAUPPAUGE NY 11788  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2463880**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**UNITED STATES CORPORATION COMPANY  
 1201 HAYES ST  
 STE 105  
 TALLAHASSEE FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD COOPER, HARVEY 20 COMMERCE DRIVE HAUPPAUGE NY 11788</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD MASSA, PETER 20 COMMERCE DRIVE HAUPPAUGE NY 11788</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>20 Commerce Drive</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>20 Commerce Drive</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/26/02** Daytime Phone # \_\_\_\_\_

CR2E034 (4/02)

Attachment  
Dr. # 005148

GRASSI & CO., CPAs, P.C.  
2001 MARCUS AVENUE, SUITE S-265  
LAKE SUCCESS, NEW YORK 11042

872012

## TAX RETURN FILING INSTRUCTIONS

### TYPE OF TAX RETURN

2002 Uniform Business Report

<b>Prepared for:</b>	GEM ELECTRIC OF FLORIDA CO., INC.
<b>Amount Due:</b>	\$550.00
<b>Make check payable to:</b>	FLORIDA DEPARTMENT OF STATE
<b>Mail tax return And check (if Applicable) to:</b>	UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500
<b>Return must be Mailed on or Before:</b>	SEPTEMBER 13, 2002
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED BY AN OFFICER.  THE RETURN SHOULD BE MAILED CERTIFIED, RETURN RECEIPT.