2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P93000032831

1. Entity Name

GEM LAUNDRY EQUIPMENT SERVICE, INC.

Principal Place of Business	Mailing Address
RT 6 BOX 1528	RT 6 BOX 1528
STARKE FL 32091-9447	STARKE FL 32091-9447
US	US

2. Principal Place of Business

14044 SE 48Th Ave

Suite, Apt. #, etc.

3. Mailing Address

14044 SE 48Th Ave

Suite, Apt. #, etc.

☑ CHECK HERE IF MAKING CHANGES

City & State Starke, FL.

City & State Starke, FL.

Zip 32091   Country USA

Zip 32091   Country USA

4. FEI Number 59-3154589

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MUSSON, CHERYL L
RT 6 BOX 1528
STARKE FL 32091

7. Name and Address of New Registered Agent

Name Cheryl L. Spanswick

Street Address (P.O. Box Number is Not Acceptable) 14044 SE 48Th Ave.

City Starke,   FL   Zip Code 32091

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.   CHERYL SPANSWICK,   (re-married)

SIGNATURE Cheryl Spanswick - President 2-18-03

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME MUSSON, LORI M STREET ADDRESS RT 6 BOX 1528 CITY-ST-ZIP STARKE FL 32091 ☐ Delete	TITLE D NAME MUSSON, LORI M STREET ADDRESS 14044 SE 48Th AVE CITY-ST-ZIP Starke, FL. 33091 ☑ Change ☐ Addition
TITLE PVST NAME MUSSON, CHERYL STREET ADDRESS RT 6 BOX 1528 CITY-ST-ZIP STARKE FL 32091 ☐ Delete	TITLE PVST NAME SPANSWICK, CHERYL STREET ADDRESS 14044 SE. 48Th AVE CITY-ST-ZIP STARKE, FL. 32091 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

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 if changed, or on an attachment with an address, with all other like empowered.

CHERYL SPANSWICK

SIGNATURE: Cheryl Spanswick   2-18-03   904-964-6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #