

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038769

1. Entity Name

GEMSTONE CREATIONS OF BOCA RATON, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90147 034 ***150.00

Principal Place of Business

10491 STONEBRIDGE BOULEVARD
BOCA RATON FL 33498
US

Mailing Address

10491 STONEBRIDGE BOULEVARD
BOCA RATON FL 32963-2804
US

2. Principal Place of Business

665 REEF ROAD

Suite, Apt. #, etc.

3. Mailing Address

665 REEF RD.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

65-0415741

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

HAINES, JUDITH
10491 STONEBRIDGE BLVD
BOCA RATON FL 33498

Name

JUDITH HAINES

Street Address (P.O. Box Number is Not Acceptable)

665 REEF ROAD

City

VERO BEACH

FL

Zip Code

32963

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HAINES, JUDY
STREET ADDRESS 10491 STONEBRIDGE BOULEVARD
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE
NAME JUDY HAINES
STREET ADDRESS 665 REEF RD.
CITY-ST-ZIP VERO BEACH FL 32963

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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: JUDITH J. HAINES 4/15/00 561-231-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)