

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064659

1. Entity Name

GEMTEK, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90045 047 ***158.75

Principal Place of Business

535 FIFTH AVE. S.
NAPLES FL 34102

Mailing Address

2759 SHOREVIEW DR
NAPLES FL 34112-5813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0437847

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

LOCKER, JOSEPH R JR.
2150 GOODLETTE ROAD NORTH
6TH FLOOR
NAPLES FL 33940

Name

ROBERT L POTTER

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

535 FIFTH AVE S.

City

NAPLES, FL

FL

Zip Code

34102

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) ☐

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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME POTTER, ANNA M
STREET ADDRESS 2759 SHOREVIEW DR.
CITY-ST-ZIP NAPLES FL 34112-5813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME POTTER, ROBERT L
STREET ADDRESS 2759 SHOREVIEW DR.
CITY-ST-ZIP NAPLES FL 34112-5813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/2000

Date

941-263-6911

Daytime Phone #

CR2E034 (9/99)