Amended

08-01-2003 90057 036 ****61.25
FILED P95000006632
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -6 PM 4:22

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006632

1. Entity Name
GEMCO, INC.

Principal Place of Business	Mailing Address
362 A SOUTH GRANT ST LONGWOOD, FL 32750 US	362 A SOUTH GRANT ST LONGWOOD, FL 32750

[redacted]

2. Principal Place of Business	3. Mailing Address
405 Douglas Avenue	405 Douglas Avenue
Suite, Apt. #, etc. 2505-1	Suite, Apt. #, etc. 2505-1
City & State ~~Altamonte Springs, FL~~	City & State Altamonte Springs, FL
Zip 32714 — Country USA	Zip 32714 — Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3298296 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARTOE, JIM
165 SPRING ISLE TR.
ALTAMONTE SPRINGS, FL 32714-3416

7. Name and Address of New Registered Agent

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 ______________________________
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

TITLE	P	☐ Delete
NAME	BARTOE, JAMES W	
STREET ADDRESS	165 SPRING ISLE TR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	VS	☒ Delete
NAME	HENSON, RONALD II	
STREET ADDRESS	32618 WEKIVA PINES ROAD	
CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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.

SIGNATURE: *[signature]* — 7/23/03 — 407-786-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES W. BARTOE, PRESIDENT

8/6/03
aw