2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015368 Apr 26, 2000 8:00 am Secretary of State GEMOLOGICAL APPRAISERS OF AMERICA, INC. 04-26-2000 90063 042 ***150.00 Principal Place of Business Mailing Address 8668 PARK BLVD., SUITE A 8668 PARK BLVD., SUITE A **SEMINOLE FL 33777-4348** SEMINOLE FL 33777 2. Principal Place of Business 3. Mailing Address 1125 main main St. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State uned Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ציאו Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Henry Terry Street Address (P.O. Box Number is Not Acceptable) 2908 Bankers f + Circle Terry ACCOUNTING & TAX HELP, INC. 8668 PARK BLVD., SUITE A SEMINOLE FL 33777 Code 8 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. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11, 11. 12. President Addition ☐ Delete TITLE TITLE NAME NAME Circle East STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Harbor TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4-21-2000

727-734-7719

Daytime Phone #