2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 28, 2000 8:00 am Secretary of State DOCUMENT # \$27978 - - ... GEM BOOKS AND SUPPLIES, INC. 03-28-2000 90047 049 ***150.00 Principal Place of Business Mailing Address 310 EVANSDALE RD 310 EVANSDALE RD LAKE MARY FL 32746-3622 LAKE MARY FL 32746-3622 630202 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3073734 Not Applicable Zip Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUNA, CHARALINE Street Address (P.O. Box Number is Not Acceptable) 310 EVANSDALE RD-LAKE MARY FL 32746 Zip Code FL 8. The above na SIGNATUR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Change ☐ Addition TITLE ☐ Delete TITLE LUNA, CHARALINE NAME STREET ADDRESS 310 EVANSDALE RD STREET ADDRESS CITY-ST-ZIP LAKE MARY FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME 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 of 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 #Re empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

14/00

407-302-055

Daytime Phone #