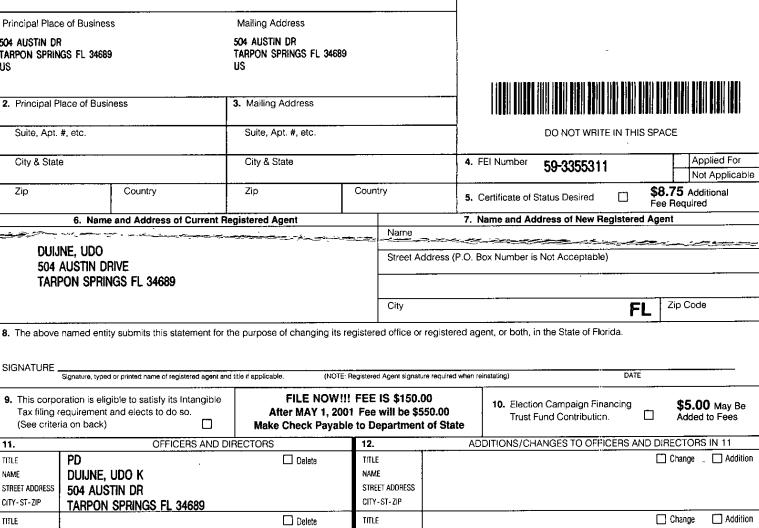
## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # V37402 1. Entity Name **U-GEM INCORPORATED** Principal Place of Business Mailing Address 504 AUSTIN DR 504 AUSTIN DR TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

## **FILED** Mar 05, 2001 8:00 am Secretary of State

03-05-2001 90319 009 \*\*\*150.00



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, 2001 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		O May Be to Fees	
11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Duijne, udo k 504 Austin DR Tarpon Springs FL 34689	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change ,	. Addition
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Name

City

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 dustee 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 admess, with all other like empowered.

SIGNATURE:

DUIJNE, UDO

SIGNATURE

**504 AUSTIN DRIVE** 

TARPON SPRINGS FL 34689

Signature, typed or printed name of registered agent and title if applicable.

INTED HAME OF SIGNING OFFICER OR