

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90042 034 ***150.00

DOCUMENT # V06608

1. Entity Name
GEMINI MANAGEMENT INC.

Principal Place of Business C/O CENTRAL SUPPLY CO. 515 FERGUSON DR. ORLANDO FL 32805	Mailing Address C/O CENTRAL SUPPLY CO. 515 FERGUSON DR. ORLANDO FL 32805-1011
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2. Principal Place of Business 3319 Maguire Blvd. Suite, Apt. #, etc. Suite 130	3. Mailing Address 3319 Maguire Blvd. Suite, Apt. #, etc. Suite 130
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City & State Orlando, FL	City & State Orlando, FL
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Zip 32803	Country USA	Zip 32803	Country USA
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4. FEI Number **59-3120313** Applied For Not Applicable

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

FLANAGAN, ED
~~C/O CENTRAL SUPPLY CO.~~
~~515 FERGUSON DR.~~
~~ORLANDO FL 32805~~
4944 Easter Circle
Orlando, FL 32808

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.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P FLANAGAN, ED C/O CENTRAL SUPPLY CO. 515 FERGUSON DR. ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ed Flanagan 4944 Easter Circle Orlando, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: **3-13-00** Daytime Phone #: **407-298-4618**

CR2E034 (9/99)