


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90163 013 \*\*\*150.00

<b>DOCUMENT #</b> F02000003019	
<b>1. Entity Name</b> GEMINI INDUSTRIES INCORPORATED	

<b>Principal Place of Business</b> 110 S. HOOVER BLVD., SUITE 115 TAMPA FL 33609	<b>Mailing Address</b> 6 FORTUNE DRIVE BILLERICA MA 01821-3917
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<b>2. Principal Place of Business</b> 5100 West Lemon St. Suite, Apt. #, etc. Suite 303 City & State Tampa, FL Zip 33609	<b>3. Mailing Address</b> 6 Fortune Drive Suite, Apt. #, etc. City & State Billerica, MA Zip 01821	<b>Country</b> US
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 04-2917465		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> CHANCELLOR, CHARLES D III 110 S. HOOVER BLVD., SUITE 115 TAMPA FL 33609		

<b>7. Name and Address of New Registered Agent</b> Name Lynn Chancey Street Address (P.O. Box Number is Not Acceptable) 5100 West Lemon St., Bte. 303 City Tampa FL Zip Code 33609	
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**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 *Lynn Chancey* (DIRECTOR OF BUSINESS OPERATIONS) 2/14/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BONDOC, VICTORIA 12 MINUTEMAN LANE LEXINGTON MA 02173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALGARI, SAL 420 LINEBROOK ROAD IPSWICH MA 01938 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEKELLA, MATTHEW E 118 ALABAMA LANE WILLIAMSBURG VA 23188 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 REQUIRED MALGARI*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)