

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90179 041 ***158.75

0688972 FP

DOCUMENT # K02783

1. Entity Name
GEMINI CAPITAL CORPORATION



Principal Place of Business
**1605-B N MAC DILL AVENUE
TAMPA FL 33607
US**

Mailing Address
**1605-B N DILL AVENUE
TAMPA FL 33607
US**



2. Principal Place of Business
13605-4 N 21st Street
Suite, Apt. #, etc.

3. Mailing Address
13605-4 N 21st Street
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number **59-2857448**

Applied For
Not Applicable

Zip **33613**

Country

Zip **33613**

Country **USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, ROBERT
1605-B NORTH MAC DILL AVENUE
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
13605-4 N 21st Street
City **Tampa** FL Zip Code **33613**

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 **ROBERT FERNANDEZ**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/1/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **FERNANDEZ, ROBERT**
STREET ADDRESS **1605-B NORTH MAC DILL AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE **VSD** ☐ Delete
NAME **FERNANDEZ, MARILYN G.**
STREET ADDRESS **1605-B NORTH MAC DILL AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13605-4 North 21st Street**
CITY-ST-ZIP **Tampa, FL 33613**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13605-4 North 21st Street**
CITY-ST-ZIP **Tampa, FL 33613**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

ROBERT FERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03
Date

813-872-8104
Daytime Phone #

CR2E034 (10/02)