8/1/2002

## FILED Aug 25, 2002 8:00 am Secretary of State

DOCUMENT # P01000050021  1. Entity Name GEMINI: INSTALLATIONS INC.						Secretary of State 08-01-2002 90168 027 ***150.00					
Principal Place of Business  448 E CHURCH ST  DELAND FL 32724  Malling Address  448 E CHURCH ST  DELAND FL 32724											
2. Principal Place of Business . 3. Mailing Address						-					
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. 2	FEI Number 59-372276 4			Applied For lot Applicable		
Zip Country		Zip	Cour		5. Certificate of Status Desired		S8.75 Addition Fee Required				
BLAN	ame and Address of Current R	egistered Agent		Name	7. 1	Name and Address of New Rec	istered Ag	ent		7	
DENILLO, ALEX P 105 HIDDEN ARBOR CT SANFORD FL 32773				Street Addres	s (P.O. 8	Box Number is Not Acceptable)					
	in the contract of the contrac	سىيە بىرىنىڭ ئەسىيەرىدىنى <del>لىن ئىزىنىڭ</del> سىيەرىدىنى	م يم محجنج	City	<u> </u>		FL	Zip Co	de		
the obligations of residence of the obligations of	ryped or printed name of registered agent are eligible to satisfy its Intangible ent and elects to do so.	of title if applicable. (NA	/!!! FEE	d Agent signature recul IS \$550.00 Fee will be \$75	red when re		DATE	\$5.0	DO May Be d to Fees		
11.	OFFICERS AND D		12.		ADI	DITIONS/CHANGES TO OFFICE	R\$ AND DI	AECTOR	IS IN 11	1_	
TREET ADDRESS 105	is * P. Depillo * H100EH AABOL 47 • FOAD CLJV773	C Detets						] Change	☐ Addition	CR2E034 (4/02)	
ITLE IAME IREET AODRESS ITY-ST-ZIP		☐ Delete		1				Change	☐ Addition	5	
ITLE – AME TREET ADDRESS ITY-ST-ZIP	· <del>· · · · ·</del>	Deletis				ar see or a	E	Change *	Addition	}	
TLE AME IREET ADORESS ITY-ST-ZIP		☐ Oeletz						Change	Addition		
TLE  NME  TREET ADDRESS  TY-SI-ZIP	S. Anglis allows	□ Delete						Change	Addition	-	
ILE IME REET ADDRESS IY-ST-ZIP		☐ Celetz	TITLE NAME STREE CITY-	T ADDRESS				Change	Addition		
3. I hereby certify that indicated on this re of the corporation of changed, or on an	the information supplied with the port or supplemental report is to the receiver or trustee empower attachment with an adjiress, with the control of the supplemental supplementation of the supplemental supplementation of the supp	RECKUIF	or the exeminy signature is as required.	nption stated in S ure shall have the ed by Chapter 60	ection 11 same le 7. Florida	19.07(3XI), Florida Statutes, I fur gal effect as if made under oath a Statutes; and that my name ap Date	102	hat the in n officer ock 11 or	nformation or director Block 12 if		

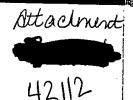
Fausel and Strogis, Inc.

TAX CONSULTANTS & BOOKEEPING SERVICES

251 Maitland Ave., Suite 202

Altamonte Springs, FL 32701

(407) 331-3111



July 29, 2002

Division of Corporations Uniform Business Report P.O.Box 1500 Tallahassee, Fl. 32302-1500

RE: Gemini Installations, Inc.
Doc. # P01000050021

## Gentlemen:

This corporation was formed and filed on May 14, 2001 and this is their first year of Business.

They die not receive the first UBR report form, which had a May 1, 2002 due date. Therefore they are filing the report form that they just received and ask that you please accept their check for \$150.00 and alate the penalty of \$400.00

Thank you.

Very truly yours,

Robert Strogis