

May 29 03 04:37p

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Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90164 047 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000116164			
1. Entity Name GEMINI LANE PROPERTIES, INC.			
Principal Place of Business 482 SW PORT ST. LUCIE BOULEVARD PORT ST. LUCIE FL 34953		Mailing Address 482 SW PORT ST. LUCIE BOULEVARD PORT ST. LUCIE FL 34953	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent		5. Name and Address of New Registered Agent	
PETRUZZELLI, PHILIP 482 SW PORT ST. LUCIE BOULEVARD PORT ST. LUCIE FL 34953		Name Street Address (P.O. or Number is Not Acceptable) City FL Zip Code	
6. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when notating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PETRUZZELLI, PHILIP STREET ADDRESS 482 SW PORT ST. LUCIE BOULEVARD CITY-ST-ZIP PORT ST. LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE VP NAME PETRUZZELLI, MARILYN STREET ADDRESS 482 SW PORT ST. LUCIE BOULEVARD CITY-ST-ZIP PORT ST. LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE S NAME PETRUZZELLI, MARILYN STREET ADDRESS 482 SW PORT ST. LUCIE BOULEVARD CITY-ST-ZIP PORT ST. LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE T NAME PETRUZZELLI, MARILYN STREET ADDRESS 482 SW PORT ST. LUCIE BOULEVARD CITY-ST-ZIP PORT ST. LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 13.07(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: 		5-1-03	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Daytime Phone #	

CR20034 (1/0/02)