

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90228 016 \*\*\*158.75

**DOCUMENT # P02000131756**

1. Entity Name  
**GEMINI AVIATION, CORP.**



Principal Place of Business  
**3741 NE 26TH AVE  
LIGHTHOUSE PONT FL 33064**

Mailing Address  
**3741 NE 26TH AVE  
LIGHTHOUSE PONT FL 33064**

**11016352**



2. Principal Place of Business

**160 S.W. 12 AVENUE**

Suite, Apt. #, etc.

**105**

City & State

**DEERFIELD BEACH, FL**

Zip

**33442**

Country

**BROWARD**

3. Mailing Address

**160 S.W. 12 AVENUE**

Suite, Apt. #, etc.

**105**

City & State

**DEERFIELD BEACH, FL**

Zip

**33442**

Country

**BROWARD**

4. FEI Number

**920186026**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VECCHIO, JOSEPH A JR  
PENTHOUSE STE AB, 2929 E COMMERCIAL BLVD  
FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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. 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 reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BATTYE, RUSS  
3741 NE 26TH AVE  
LIGHTHOUSE PONT FL 33064**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
BATTYE, RUSS  
160 S.W. 12 AVENUE SUITE 105  
DEERFIELD BEACH, FL 33442**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 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:

**RUSS BATTYE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**  
Date

**954-426-1990**  
Daytime Phone #

CR2E034 (10/02)