

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91612 011 \*\*\*550.00

**DOCUMENT # P93000012072**

1. Entity Name

**GEMINI TOWING, INC.**

Principal Place of Business

**3755 FLORAMAR TERRACE  
 NEW PORT RICHEY FL 34652**

Mailing Address

**3755 FLORAMAR TERRACE  
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

**3747 Floramar Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address

**3747 Floramar Terrace**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**New Port Richey, Fl 34652**

City & State

**New Port Richey, Fl 34652**

4. FEI Number

**59-3160758**

Applied For

Not Applicable

Zip

**34652**

Country

**Pasco**

Zip

**34652**

Country

**Pasco**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHUMANN, BERNIE  
 3755 FLORAMAR TERRACE  
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name

**Schumann, Bernie**

Street Address (P.O. Box Number is Not Acceptable)

**3747 Floramar Terrace**

City

**New Port Richey,**

**FL**

Zip Code  
**34652**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

**Pat Schumann, Sect/Treasurer**

(NOTE: Registered Agent signature required when reinstating)

**4/30/02**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **SCHUMANN, BERNIE**  
 STREET ADDRESS **3755 FLORAMAR TERRACE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ Delete  
 NAME **SCHUMANN, PATRICIA E**  
 STREET ADDRESS **3755 FLORAMAR TERRACE**  
 CITY-ST-ZIP **NEW PORT RICHEY 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Schumann, Bernie**  
 STREET ADDRESS **3747 Floramar Terrace**  
 CITY-ST-ZIP **New Port Richey, Fl 34652**

TITLE ☒ Change ☐ Addition  
 NAME **Schumann, Patricia E**  
 STREET ADDRESS **3747 Floramar Terrace**  
 CITY-ST-ZIP **New Port Richey, Fl 34652**

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Pat Schumann, Sect/Treas**

**4/30/02**

**727-849-6612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)