

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

DOCUMENT # **P96000022738**

1. Entity Name
GEMINI VENTURES OF TAMPA, INC.



Principal Place of Business
6412 HWY. 41 NORTH
APOLLO BEACH FL 33572
US

Mailing Address
6412 HWY. 41 NORTH
APOLLO BEACH FL 33572
US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

6. Name and Address of Current Registered Agent

PHAGAN, RICHARD
6412 U.S. HIGHWAY 41 NORTH
APOLLO BEACH FL 33572

4. FEI Number **59-3377805** Applied For
 Not Applicable

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

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

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

D
PHAGAN, RICHARD
6412 U.S. HIGHWAY 41 NORTH
APOLLO BEACH FL 33572

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** Delete

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

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** 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 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:

SIC **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90135 004 ***150.00



CHECK HERE IF MAKING CHANGES

01-24-2003
FL

CF2E034 (10/02)

Date

813 641-2800

Daytime Phone #