## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P96000049114** 1. Entity Name GEMINI AUTO TRANSPORT SERVICES, INC. 04-27-2000 90019 004 \*\*\*150.00 Principal Place of Business Mailing Address 18124 VILLA CITY RD 18124 VILLA CITY RD GROVELAND FL 34736 **GROVELAND FL 34736-9240** 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. FEI Number Applied For 59-3388135 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 🗻 📋 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEINEY, DENNIS W JR Street Address (P.O. Box Number is Not Acceptable) 18124 VILLA CITY RD **GROVELAND FL 34736** City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DPT ☐ Addition TITLE ☐ Delete HEINEY, DENNIS W JR NAME NAME 18124 VILLA CITY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GROVELAND FL 34736** CITY-ST-ZIP Change TITLE ☐ Delete TITLE □ Addition STEPHANTE A SCHARWORR SCHRAWDER, STEPHANIE A NAME NAME 18124 VILLA CITY RO 433 SAND LIME ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP. GROVELAND -FL 34736 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

DEN WIS W. HETNEY SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

4-20-00