2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

Mar 13, 2002 8:00 am P98000055529 DOCUMENT # **Secretary of State** 1. Entity Name GEMINI EQUIPMENT SALES, INC. 03-13-2002 90060 001 ***150 00 Principal Place of Business Mailing Address 2815 LAKE JOSEPHINE DR 2815 LAKE JOSEPHINE DR SEBRING FL 33875 SEBRING FL 33875 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 59-3519084 Not Applicable Zip Country 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 KUCHINSKY, GERALD M Street Address (P.O. Box Number is Not Acceptable) 210 UNIVERSITY DR **SUITE 410** niversity CORAL SPRINGS FL 33071 3065 ing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this statement for the r SIGNATURE Signature, typed or printed name of re 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, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE TITLE Change ☐ Addition ☐ Delete TAYLOR, ROBIN NAME NAME 2815 LAKE JOSEPHINE DR STREET ADDRESS STREET ADDRESS SEBRING FL 33875 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIŤLE ☐ Defete TITLE - Change ... ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowers 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 any address, with an officer like empowers in