2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000065736 Sep 11, 2000 8:00 am 1. Entity Name **GEMINI VISION INC.** Secretary of State 09-11-2000 90076 037 ***150.00 Mailing Address Principal Place of Business 220 E DAVIS BLVD 220 E DAVIS BLVD TAMPA FL 33606" TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3478584 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAPDELAINE, DAVID T Street Address (P.O. Box Number is Not Acceptable) 220 E DAVIS BLVD **TAMPA FL 33606** 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD □ Change Addition □ Delete TITLE TITLE CHAPDELAINE, DAVID T NAME NAME STREET ADDRESS 10404 LAKE CARROLL WAY STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-7IP SD ☐ Addition ☐ Change ☐ Delete TITLE CHAPDELAINE, JULIE A NAME 10404 LAKE CARROLL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZI **TAMPA FL 33618** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THANASILANGKUL, NUI C NAME NAME STREET ADDRESS 3101 SANDSPUR DR STREET ADDRESS TAMPA FL'33618 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

KOEHLER & COMPANY

Attachment Off pasouul 936 DW 8504

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN INSTITUTE AND THE FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS TELEPHONE (813) 258-1272 FACSIMILE (813) 258-2422 WEB SITE: WWW.CPA-TAMPA.COM E-MAIL: KOEHLER@CPA-TAMPA.COM

September 8, 2000

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Regarding: Gemini Vision, Inc. P98000065736

To Whom it May Concern:

Enclosed please find a check payable to the Department of State for \$150.00 and Form 2000 Uniform Business Report for the above referenced corporation.

Please be advised that the above referenced corporation never received the original annual report and accordingly, should not be subject to the late fee. This statement should be sufficient to allow you to waive this late fee.

If you have any questions, please call me directly at (813) 258-1272.

Very Truly Yours,

Keith W. Koehler

cc: Mr. David T. Chapdelaine
Gemini Vision, Inc.