

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90046 007 ***150.00

DOCUMENT # P98000070580



1. Entity Name
GEMINI PAINTING, INC.

Principal Place of Business
**110 FOXFIRE LN
OLDSMAR FL 34677**

Mailing Address
**110 FOXFIRE LN
OLDSMAR FL 34677**

90005994



2. Principal Place of Business
110 FOXFIRE LANE
Suite, Apt. #, etc.

3. Mailing Address
110 FOXFIRE LANE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
OLDSMAR FL

City & State
SARASOTA

4. FEI Number **59-3531585**

Applied For
Not Applicable

Zip **34677** Country **FLORIDA**

Zip **SARASOTA** Country

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

6. Name and Address of Current Registered Agent

**HEINZ, JACK
110 FOXFIRE LN
OLDSMAR FL 34677**

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 **Jack Heinz**
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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HEINZ, JACK**
STREET ADDRESS **110 FOXFIRE LANE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **ST** ☐ Delete
NAME **GISONDI, PETER**
STREET ADDRESS **11 HARDING AVE**
CITY-ST-ZIP **WHITE PLAINES NY 10606**

TITLE **VP** ☒ Delete
NAME **KOLNICKI, LAURA**
STREET ADDRESS **110 FOXFIRE LN**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 (707) 7844334
Date Daytime Phone #

UBR351R AV

CR2E034 (10/02)