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

## **DOCUMENT#**

P99000089629



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

Processing Read of Userseria   Tabel Lake DeNise BLVD   CLEMINT FL 34711	1. Entity Name GEMINI HOMES, INC.							01-21-2003 90074	010 ***150.0	00	
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES	12431 LAKE DENISE BLVD 124				2431 LAKE DENISE BLVD					Ý	
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Second   S	Suite, Apt.	#, etc	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKII	NG CHANGES			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street: Address (P.O. Box Number is Not Acceptable)  Street: Address (P.O. Box Number is Not Acceptable)  Street: Address (P.O. Box Number is Not Acceptable)  City  FL	City & State	e		City & State				1 59-3605473 1			
BOYETT, WADE 1380 GRAND HICHWAY, SUITE 200 CLERMONT FL 34711  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 Plorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Delete   Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip	o Count		у	5. Certificate of Status Desired				
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SigNATURE     Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   SigNATURE     Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the policy o	CLERMO	NT FL 347				City		Zin Code	e e		
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/3Vi). Florida Statutes, I further certify that the information											

I nereby 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.