

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06608

1. Entity Name

GEMINI MANAGEMENT INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90042 034 ***150.00

Principal Place of Business

C/O CENTRAL SUPPLY CO.
 515 FERGUSON DR.
 ORLANDO FL 32805

Mailing Address

C/O CENTRAL SUPPLY CO.
 515 FERGUSON DR.
 ORLANDO FL 32805-1011

2. Principal Place of Business

3319 Maguire Blvd.

3. Mailing Address

3319 Maguire Blvd.

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

Suite 130

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3120313

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLANAGAN, ED
~~C/O CENTRAL SUPPLY CO.~~
~~515 FERGUSON DR.~~
~~ORLANDO FL 32805~~

4944 Easter Circle
 Orlando, FL 32808

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANAGAN, ED C/O CENTRAL SUPPLY CO. 515 FERGUSON DR. ORLANDO FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ed Flanagan 4944 Easter Circle Orlando, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

407-298-4618

Daytime Phone #

CR2E034 (9/99)