

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90061 010 ***150.00

DOCUMENT # **P94000064641**

1. Entity Name
GAMIN COMMUNICATIONS, INC.

Principal Place of Business 7821 S.E. SPICEWOOD CIRCLE HOBE SOUND FL 33455	Mailing Address 7821 S.E. SPICEWOOD CIRCLE HOBE SOUND FL 33455
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 431 Long Cove Rd.	3. Mailing Address 431 Long Cove Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ormond Beach, Fla.	City & State Ormond Beach, Fla.	4. FEI Number 65-0517969	Applied For <input type="checkbox"/> Not Applicable
Zip 32174	Country Volucia	Zip 32174	Country Volucia

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

6. Name and Address of Current Registered Agent

**GAMIN, MARIAN S
 7821 S.E. SPICEWOOD CIRCLE
 HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers Not Acceptable)
City
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 re-stating) 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, 2001 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 :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMIN, MARIAN S 7821 S.E. SPICEWOOD CIRCLE HOBE SOUND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 431 Long Cove Rd Ormond Beach, Fla. 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GAMIN, WALTER J 7821 S.E. SPICEWOOD CIRCLE HOBE SOUND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 431 Long Cove Rd. Ormond Beach, Fla. 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marian S. Gamin **4-23-01** **(904) 586-7530**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Durable Power of Attorney

CR2E034 (10/00)