

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2000 90047 037 ***150.00

DOCUMENT # 672723

1. Entity Name

GAGNE CORPORATION

Principal Place of Business

Mailing Address

332 MOUNTAIN DR
 DESTIN FL 32541

217 MAIN ST.
 P O BOX 219
 DESTIN FL 32540-0219

2. Principal Place of Business

3. Mailing Address

P.O. Box 219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Destin Florida

Zip

Country

Zip

Country

32540

USA

4. FEI Number **59-2007654**

Applied For

Not Applicable

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

MICHAEL J. GAGNE
217 MAIN ST.
DESTIN FL 32541

Name
Michael J. Gagne

Street Address (P.O. Box Number is Not Acceptable)

332 Mountain Dr.

City
Destin

FL

Zip Code
32541

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 **Michael J. Gagne** *Michael J. Gagne*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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 **TSD** ☒ Delete
 NAME **GAGNE, THERESA A.**
 STREET ADDRESS **309 KEPNER DRIVE**
 CITY-ST-ZIP **FT. WALTON BCH FL**

TITLE **TSD** ☐ Change ☒ Add
 NAME **Michael J. Gagne**
 STREET ADDRESS **332 Mountain Dr.**
 CITY-ST-ZIP **Destin FL 32540**

TITLE **PVD** ☐ Delete
 NAME **GAGNE, MICHAEL J.**
 STREET ADDRESS **125 N. AUDREY CIRCLE**
 CITY-ST-ZIP **FT. WALTON BCH FL**

TITLE **PVD** ☒ Change ☐ Add
 NAME **GAGNE, MICHAEL J**
 STREET ADDRESS **332 MOUNTAIN DR**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Gagne* **Michael J. Gagne** **4/12/00** **(850) 837-0777**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #