

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90142 048 ***150.00

DOCUMENT # 692369

1. Entity Name
GASPARD SHOES, INC.



Principal Place of Business
**14842-4-6 MILITARY TRAIL
DELRAY BEACH FL 33484**

Mailing Address
**14844 MILITARY TRAIL
DELRAY BEACH FL 33484**

90012503



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2105283**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASPARD, GEORGE A
5700 NW 2ND AVE, #308
BOCA RATON FL 33487**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GASPARD, GEORGE A	
STREET ADDRESS	5700 NW 2ND AVE, #308	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	P	<input type="checkbox"/> Delete
NAME	GASPARD, GEORGE A	
STREET ADDRESS	14844 MILITARY TR	
CITY-ST-ZIP	DELRAY BCH, FL 33445	
TITLE	V	<input type="checkbox"/> Delete
NAME	GASPARD, DIANE C	
STREET ADDRESS	14844 MILITARY TR	
CITY-ST-ZIP	DELRAY BCH, FL 33445	
TITLE	T	<input type="checkbox"/> Delete
NAME	GASPARD, GEORGE A	
STREET ADDRESS	14844 MILITARY TR	
CITY-ST-ZIP	DELRAY BCH, FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

George A. Gaspard
GEORGE A. GASPARD

1-27-03

Date

Daytime Phone #

361-498-2988

CR2E034 (10/02)