2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F0100001772 1. Entity Name GAITHMAN'S GOLD NATION, INC.								FILED				
GAHMA	N'S GOL	DINATION, INC.					02 MA	Y 21 PH 4	: 08			
Principal Place of Business Mailing Address 61 SOUTH 6TH AVE. 61 SOUTH 6TH AVE. REFCH GROVE IN 46107 BEECH GROVE IN 46107							SECRETARY OF STATE TALLAHASSEE, FLOREY					•
BEECH GROVI	E IN HOLU?		DEED); ONOTE 115 TOTAL			ļ	Y	ا ۱۳۰۱ (۱۳۰۱) پوس در ۱۲ سرخ			"į	- ,
2. Principal P	lace of Busine	ess	3. Mailing Address	3. Mailing Address						· 		فيسم
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	<u> </u>		City & State			_ · · -	4. FEI Number	5-2126052		Applied Fo		
Zip Country			Zip Coun		try	5. Certificate of S		Status Desired Fee Re		Additional quired		
	6. Name	and Address of Current	Registered Agent				7. Name and Addr	ess of New Registe	ered Agent			
		/			- Norge	أناست	ing + Searc	Sanica	-INC	o sieniine m		=
SWEENEY, KEVIN L					Street A	ddress (P	O Box Number is N	lot Acceptable)	/			
502 S. FREMONT AVE., APT 724					526	, E.	Park Ave	2	<u> </u>			
TAMPA FI	L 33606	1			 							
,					City	21/2h	ussee		FL 739	2301	1	ı
· -		enhmits this statement for	r the purpose of changing its	register	ed office o	r registere	ed agent, or both, in	he State of Florida.				
u. The above	nameu enag	Suprimes tries statement to	O	. • .					1	47.		l
SIGNATURE .	\mathcal{L}	d Hand	Tresident						> [10]		-	
0.07.07.0	Signature, typed	or printed name of registered spent					when reinstating)		-		-	
		ble to satisfy its Intangible	FILE NOW: After May 1, 20					Campaign Financin		5.00 May		
	requirement a ria on back)	and elects to do so.	Make Check Payal	ole to D	epartmen	nt of Stat	Trust Fu	nd Contribution.	□ Ad	ided to Fee	rs	
11.		OFFICERS AND		12.	<u> </u>		ADDITIONS/CHA	NGES TO OFFICERS	S AND DIRECT	ORS IN 11		_
TITLE	POFD		☐ Delete	ш	E	Presid	dent, Chairma	n, Director	🔀 Char	nge 🔲 Ad	tdition	CR2E034 (9/01)
NAME	GAITHER,			NAN							- 1	8
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NAME	KEVIN	L. SWEENEY.		NAN STR	EET ADDRESS		na andrews o	والمراجعة المستوالة			<i>=</i> i	
STREET ADDRESS CITY-ST-ZIP	3 "	GROVE IN 4616	n 7	- 11	-ST-ZIP	i .]	
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NAME DUANE A. GAITHER					Œ						- 1	
STREET ADDRESS	2838 5	S. RAN DOLPH ST		11	EET ADORESS						- [
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NAME STREET ADDRESS	ROBER	T A. GAITHER 6th Aug		ш	EET ADDRESS						Į	l
CITY+ST-ZIP	Roech	Grove, IN	46107	CIT	-ST-ZIP	<u>L</u> .						
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	<u> </u>		h this filing does not qualify for	11	-ST-ZIP	ated in So	ction 119.07(3)(i) Fk	orida Statutes. I furth	ner certify that t	the informat	ion	1

Thereby certify that the information supplied with this fining does not rector the property of the component of suppliemental 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 indicated on this report or suppliemental 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.

GNATURE:

| SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: