2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000003320

Entity Name: GAPE, INC.

City-St-Zip:

CHARLESTON, SC 29403

FILED Mar 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	BAY STREET STON, SC 294				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
C/O ZIFF I	BAY STREET PROPERTIES STON, SC 294	INC			
FEI Number	: 57-0999063	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1200 S. PI	ORATION SYS NE ISLAND RI ION, FL 33324	D.			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
		o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD (ZIFF, STEPHE 701 EAST BAY CHARLESTON	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (ZIFF, LOREN F 701 EAST BAY CHARLESTON	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V (WALTER, TIMO 701 EAST BAY		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TIMOTHY J. WALTER V 03/11/2002