

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000055

1. Entity Name

GAYMAR INDUSTRIES, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90014 032 \*\*\*150.00

Principal Place of Business

10 CENTRE DRIVE  
ORCHARD PARK NY 14127

Mailing Address

10 CENTRE DRIVE  
ORCHARD PARK NY 14127-2280

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-0821609

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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	C	<input checked="" type="checkbox"/> Delete
NAME	WHITNEY, MARILYN	
STREET ADDRESS	10 CENTRE DRIVE	
CITY-ST-ZIP	ORCHARD PARK NY 14127	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	KOPFER, FRANK J	
STREET ADDRESS	10 CENTRE DRIVE	
CITY-ST-ZIP	ORCHARD PARK NY 14127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITNEY, MARY	
STREET ADDRESS	10 CENTRE DRIVE	
CITY-ST-ZIP	ORCHARD PARK NY 14127	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEWART, THOMAS	
STREET ADDRESS	10 CENTRE DRIVE	
CITY-ST-ZIP	ORCHARD PARK NY 14127	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HLOZEK, DENNIS	
STREET ADDRESS	10 CENTRE DRIVE	
CITY-ST-ZIP	ORCHARD PARK NY 14127	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MARTEN, DOROTHY K	
STREET ADDRESS	10 CENTRE DRIVE	
CITY-ST-ZIP	ORCHARD PARK NY 14127	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER, SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME NAME +	
STREET ADDRESS	ADDRESS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME NAME +	
STREET ADDRESS	ADDRESS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

2/17/2000

(716) 662-2551

Date

Daytime Phone #

CR2E034 (9/99)