2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G46661

FILED

00 MAY 16 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
GAILIND, INC.

Principal Place of Business	Mailing Address
2. Principal Place of Business 2110 West 23d Street, Ste D Suite, Apt. #, etc. Suite D City & State Panama City, FL Zip / Country 32405 / USA	3. Mailing Address P.O. Box 15441 Suite, Apt. #, etc. City & State Panama City, FL Zip / Country 32406-5441 / USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2315572 ☐ 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
	Name: John Allen Elsasser Street Address (P.O. Box Number is Not Acceptable): 2110 West 23d Street, Suite D City: Panama City **FL** Zip Code: 32405

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: John Allen Elsasser — May 6, 2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMALLWOOD, JIM L. 2110 West 23d Street, Suite D Panama City, FL 32405 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500003280365--7 -06/07/00--01091--004 *****70.00 *****70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD ELSASSER, JOHN ALLEN ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPDST 2110 West 23d Street, Suite D Panama City, FL 32405 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD ELSASSER, DEBORAH S. 1530 Bluegrass Lane Lynn Haven, FL 32444 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: John Allen Elsasser — John Allen Elsasser, Pres. — 5-06-00 — (850)233-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #