

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90025 010 ****61.25

DOCUMENT # N96000005387

1. Entity Name

GAMSKOG, INC.

Principal Place of Business

**1210 N.W. 6TH AVNUE
POMPANO BEACH FL 33060**

Mailing Address

~~6333 N. DIXIE HIGHWAY~~
POMPANO BEACH FL 33064
P.O. BOX 1147
Pompano Bch, FL 33061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0792452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ETIENNE, INDIGNE
~~245 N.W. 12TH STREET~~
APT. 2
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
CYRIAC, LIFRANC
STREET ADDRESS ~~3550 NW 35 STREET~~ **2700 NW 44 ST. # 712**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE ☐ Delete
NAME **D**
ETIENNE, INDIGNE
STREET ADDRESS ~~245 N.W. 12TH STREET, APT. 2~~ **336 SW. 1st ST**
CITY-ST-ZIP **POMPANO BEACH FL 33060** **# 8-1**

TITLE ☐ Delete
NAME **D**
LEBRUN, BERLOZIER
STREET ADDRESS **1511 SW 2 AVE.**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 617, 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:

Signature Required

4-19-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)