

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107141

1. Entity Name
GAYMART USA INC.

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90004 017 ***150.00

Principal Place of Business
2232 WILTON DR.
WILTON MANORS FL 33305

Mailing Address
2232 WILTON DR.
WILTON MANORS FL 33305

00057884



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~2232~~
Suite, Apt. #, etc.

3. Mailing Address
611 S. PALM CYN DR.
Suite, Apt. #, etc.
#7318

City & State

City & State
PALM SPRINGS, CA

4. FEI Number
65-1059645

Applied For
Not Applicable

Zip Country

Zip Country
92264 USA

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

FOUTCH, TIM
2240 WILTON DR.
FT. LAUDERDALE FL 33305

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. (NOT 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!
After MAY 1, 2001
Fee IS \$150.00
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	PRESIDENT TIM FOUTCH 2240 WILTON DR. FT. LAUDERDALE, FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CRAIG ATTEBURY 701 NW 19th ST. #404 FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and filed this report, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG ATTEBURY

5/30/01

Date

954 630-3556

Daytime Phone #

CR2E034 (10/00)