

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90016 015 ***158.75

DOCUMENT # P00000107141

1. Entity Name
GAYMART USA INC.

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

Mailing Address
611 S PALM CYN DR
#7318
PALM SPRINGS CA 92264
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1059645**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 **FOUTCH, TIM**
 Street Address (P.O. Box Number is Not Acceptable) **2924 N.E. 21 TERRACE**
 City **FT. LAUDERDALE** **FL** Zip Code **33306**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **FOUTON, TIM**
 STREET ADDRESS **2240 WILTON DR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE **P** ☒ Change ☐ Addition
 NAME **FOUTCH, TIM**
 STREET ADDRESS **2924 N.E. 21 TERRACE**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33306**

TITLE **S** ☐ Delete
 NAME **ATTEBURY, CRAIG**
 STREET ADDRESS **701 NW 19TH STREET #409**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **S** ☒ Change ☐ Addition
 NAME **ATTEBURY, CRAIG**
 STREET ADDRESS **2924 N.E. 21 TERRACE**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33306**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 760-320-0606
 Date Daytime Phone #

CR2E034 (9/01)