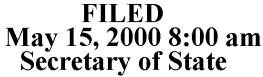
## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000019558

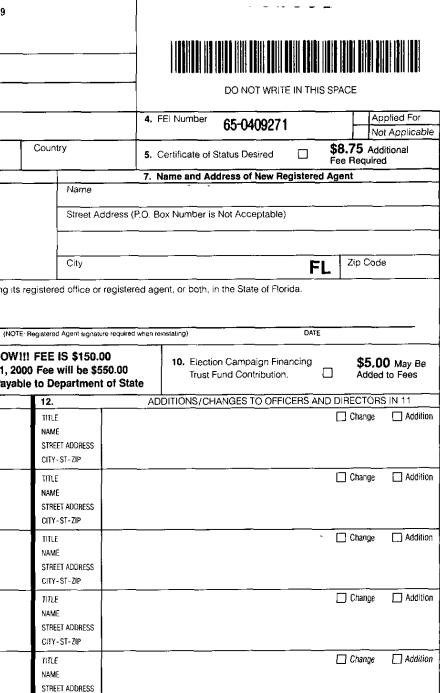
Zip

GASCON INTERNATIONAL INVESTMENTS, INC.

Principal Place of Business	Mailing Address	
5283 MAPLE LANE NAPLES FL 34113 US	5283 MAPLE LANE NAPLES FL 34113-8549 US	
2. Principal Place of Business	3. Mailing Address	



05-15-2000 90305 029 \*\*\*150.00



Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

> Country Country

6. Name and Address of Current Registered Agent

GASCON, SERGE 5283 MAPLE LANE NAPLES FL 34113

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.

Tax filing requirement and elects to do so.

(See criteria on back)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

Name

City

OFFICERS AND DIRECTORS 12 11. PSTD TITLE TITLE Delete GASCON, SERGE NAME NAME **5283 MAPLE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL VΡ Delete TITLE TITLE GASCON, JACQUES NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 40 CITY-ST-ZIP CITY-ST-ZIP LEFAIVRE ON TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: