

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90204 037 ***150.00

DOCUMENT # P93000019558

1. Entity Name
GASCON INTERNATIONAL INVESTMENTS, INC.



Principal Place of Business
**5283 MAPLE LANE
NAPLES FL 34113
US**

Mailing Address
**5283 MAPLE LANE
NAPLES FL 34113
US**



2. Principal Place of Business

102 PALMETTO DUNES CIRCLE

3. Mailing Address

102 PALMETTO DUNES CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number **65-0409271**

Applied For

Not Applicable

Zip

34113

Country

US

Zip

34113

Country

US

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

**GASCON, SERGE
5283 MAPLE LANE
NAPLES FL 34113**

Name

Street Address (P.O. Box Number is Not Acceptable)

102 PALMETTO DUNES CIRCLE

City

NAPLES

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **GASCON, SERGE**
STREET ADDRESS **5283 MAPLE LANE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME **102 PALMETTO DUNES CIRCLE**
STREET ADDRESS **ADDRESS ONLY**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 607, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

239-455-8891

Daytime Phone #

0639831 AV

CR2E034 (10/02)