

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076139

1. Entity Name

GIOMAR, INC.

Principal Place of Business

Mailing Address

6755 W. BROWARD BLVD. #306A
PLANTATION, FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0543113

Applied For

Not Applicable

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

A.B. CLAMP

Name

A.B. CLAMP

P.O. Box 35232

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

GREENSBORO, NC 27425-5232

6755 W. BROWARD BLVD. #306A

City

FL 33317

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 state applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)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	PRESIDENT (VP, T)	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTINE D. FRANCO		NAME		
STREET ADDRESS	6755 W. BROWARD BLVD. #306A		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	SECRETARY	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	A.B. CLAMP		NAME		
STREET ADDRESS	P.O. Box 35232		STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC 27425-5232		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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)(d), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

336-665-7126

Original Filing #

FILED
Jun 29, 2001 8:00 am
Secretary of State

05-21-2001 90359 043 ***158.75

CFR2034 (11/00)

Alton B. Clamp

6755 W. Broward Blvd. Suite 306A, Ft. Lauderdale, FL 33317

A Hachmen
9/24/5

June 24, 2001

To Whom It May Concern:

Regarding my position as Registered Agent for Giomar, Inc. (P94000076139) and Restored Asset Sales & Leasing, Inc. (P96000097881), I submit to you that my permanent Florida Residence address is 6755 W. Broward Blvd. Suite 306A, Ft. Lauderdale, FL 33317.

I travel quite extensively and am presently working in North Carolina. My postal box address in Greensboro is currently the most accessible to me.

Enclosed are the forms you returned to me. I have inserted my Florida address. However, please use my postal box for the time being for my convenience. If you find it necessary to use my Florida address, that is OK. It just takes me longer to receive that mail.

Thanks for your help and understanding.

Respectfully,


A. Bruce Clamp