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## 2003 FOR PROFIT CORPORATION

	AILOU	M DOSINI	599 KE	PUKI	(UBF	£)	-	LUD 27,				
DOCUMENT # P9500050590  1. Entity Name GAYCO, INC.								Secret 02-24-200	•			
Principal Place of Business 563 CANAL ROAD PONTE VEDRA BEACH FL 32082			Mailing Address P.O. BOX 696 PONTE VEDRA BEACH FL 32004-0696				   	XV <b>en</b> a ki <b>a</b> anana maka mbaka i	<b>* 8</b> .101 <b>- 1.2</b> 111) <b>* 8.18</b> 1 <b>-</b>	1147 <b>60</b> 161 <b>6</b> 016	î 1 <b>8</b> 14) <b>ce</b> ja (88)	
2. Principal	Place of Busin	ness	3. Mailing Address									
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-3328965 Applied For						
Zip	Zip Country		Zip		Country		5. Certifica	ite of Status Desired	<u></u>	\$8.75 Ad Fee Require		
	6. Name	and Address of Current	Registered Agen	t:	· · · · · · ·	-	7. Name a	nd Address of New				
BARTLETTE, ESQ., BARON						7. Name and Address of New Registered Agent Name Partiette, Esq., Baron						
50 NORT	H A1A			Street .	Street Address (P.O. Box Number is Not Acceptable) 135 Professional Drive Suite 101					0/		
SUITE 103 PONTE VEDRA BEACH FL 32082							, ,			Tip Cod		
8. The above	e named entity	submits this statement fo	r the purpose of cl	hanging its registe	ered office of	r registere	va Bel	ooth, in the State of F	FL Iorida. I am fa	オンク amiliar with.	and accept	
SIGNATURE F Afte	Signature, typed	or printed name of registered agent at FEE IS \$150,00 3 Fee will be \$550.00 Florida Department of		(NOTE: Registe	ered Agent signa	iture required v		Election Campaign Fi			00 May Be	
	n rayable to											
10.	1=	OFFICERS AND		11	ı		ADDITIONS	S/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
NAME SYREET ADDRESS CITY-ST-ZIP	T Gay, Linda 563 Canal Ponte Vei			NA ST	TLE AME REET ADDRESS TY-ST-ZIP	President Season	dent Linda E Lanal Ro			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		]	STI	LE ME REET ADDRESS 'Y-ST-ZIP	Treas	urer	1. ood Beach, FL 3		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP										☐ Change	Addition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAI Str						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D	NAM Str		-		14	{	Change	Addition	
TITLE NAME STREET ADDRESS			□ D	NAN		,			[	Change	Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE and typed on PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

CITY-ST-ZIP

02/21/03 904285-4699 Date Dayline Phone #