

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038489

1. Entity Name

GIMCO U.S.A., INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90278 009 ***150.00

Principal Place of Business

Mailing Address

2875 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

2875 SOUTH OCEAN BLVD.
PALM BEACH FL 33480-5591

004592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

828 LANTANA ROAD

828 LANTANA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LANTANA, FLORIDA

LANTANA, FLORIDA

Zip
33462

Country
U.S.A.

Zip
33462

Country
U.S.A.

4. FEI Number

04-2220126

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

SILPE, DONALD R
2875 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

Name

SILPE, DONALD R

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

828 LANTANA ROAD

LANTANA, FLORIDA 33462

City

FL

Zip Code

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

DONALD SILPE

1/12/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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 ☐ Delete
NAME D
STREET ADDRESS SILPE, DONALD R
CITY-ST-ZIP 940 S OCEAN BLVD
MANALAPAN FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SILPE, LINDA F
CITY-ST-ZIP 940 S OCEAN BLVD
MANALAPAN FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD SILPE

1/12/00

Date

561-586-4600

Daytime Phone #

CR2E034 (9/99)