

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000047611

FILED  
Jan 12, 2003  
Secretary of State

Entity Name: GAFCOMP, INC.

## Current Principal Place of Business:

553 79TH STREET, 1ST FLOOR  
BROOKLYN, NY 112363134

## New Principal Place of Business:

## Current Mailing Address:

553 79TH STREET, 1ST FLOOR  
BROOKLYN, NY 112363134

## New Mailing Address:

FEI Number: 58-2245269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIBLEY, SALLY  
209 FARRINGTON LN  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FLOWERS, LINCOLN  
Address: 553 79TH STREET, 1ST FLOOR  
City-St-Zip: BROOKLYN, NY 112363134

Title: VP ( ) Delete  
Name: FLOWERS, ADELETT  
Address: 3036 ANDROS PLACE  
City-St-Zip: ORLANDO, FL 32827

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINCOLN FLOWERS

P

01/12/2003

Electronic Signature of Signing Officer or Director

Date