

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90006 027 \*\*\*158.75

DOCUMENT # **P9 8000 0333 94**  
 1. Entity Name  
**Gibou Marketing, Inc.**

Principal Place of Business  
**3620 SW 68th Ln.**  
**MIRAMAR, FL. 33023**

Mailing Address  
**NAS/INS 10-2001**  
**PO BOX 522197**  
**MIAMI, FL. 33152**

**554124**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-0823435**

Applied For  
 Not Applicable

5. Certificate of Status Desired **\$** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Gauthier, Gilbert**  
**3620 SW 68th Ln.**  
**MIRAMAR, FL. 33023**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 *Gil Gauthier*  
 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!!!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

FEES: \$150.00  
 Fee will be \$550.00

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Gauthier, Gilbert</b> <b>3620 SW 68th Ln.</b> <b>MIRAMAR, FL. 33023</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gil Gauthier, Gilbert Gauthier*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Day: Phone #

CR2E034 (11/00)