

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90006 036 ***558.75

DOCUMENT # P98000069104

1. Entity Name
GAYMART INTERNATIONAL INC.

Principal Place of Business
**611 S. PALM CANYON DR.
#7318
PALM SPRINGS FL 92264**

Mailing Address
**611 S. PALM CANYON DR.
#7318
PALM SPRINGS FL 92264**

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 **65-0893041**

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

FOUCH, TIM

701 NW 19TH STREET #409

FORT LAUDERDALE FL 33311

Name

FOUTCH, TIM

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

2924 N.E. 21 TERRACE

City

FT. LAUDERDALE

FL

Zip Code

33306

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **FOUTCH, TIM**
STREET ADDRESS **2240 WILTON DR.**
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **D** ☒ Change ☐ Addition
NAME **FOUTCH, TIM**
STREET ADDRESS **2924 N.E. 21 TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33306**

TITLE **D** ☐ Delete
NAME **AFTEBURY, CRAIG**
STREET ADDRESS **1160 E. EL ALAMEDA**
CITY-ST-ZIP **PALM SPRINGS CA 92262**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02

Date

Daytime Phone #

CR2E034 (4/02)