

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90072 037 ***158.75

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

2240 WILTON DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip Country

Zip Country

33305 USA

USA

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

2924 NE 21 TERRACE

FORT LAUDERDALE FL 33306

Name

FOUTCH, TIM

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. 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

1/14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FOUTCH, TIM**
STREET ADDRESS **2924 NE 21 TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

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

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

TITLE ☒ Change ☐ Addition
NAME **CRAIG ATTEBURY**
STREET ADDRESS **2924 NE 21 TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

Date

760 320 0606

Daytime Phone #

CR2E034 (10/02)