

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088427

1. Entity Name

IN & OUT INTERNATIONAL CO.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90057 009 \*\*\*150.00

Principal Place of Business

Mailing Address

175 FENDER LANE  
VENUS FL 33960

175 FENDER LANE  
VENUS FL 33960-2123



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2634 PIERCE, ST.

← same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOLLYWOOD

City & State  
FL

City & State

Zip  
33020

Country  
USA

Zip

Country

4. FEI Number 59-5133250

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

Name GILLES GAGNER

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

2634 PIERCE, ST

City HOLLYWOOD

FL

Zip Code 33020

GAGNER, GILLES  
175 FENDER LANE  
VENUS FL 33960

2634 PIERCE, ST  
HOLLYWOOD  
FL 33020

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

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 P  
NAME GILLES, GAGNER  
STREET ADDRESS 175 FENDER PL  
CITY-ST-ZIP VENUS-FL 33960  
2634 PIERCE, ST.  
HOLLYWOOD FL 33020

☐ Delete

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

☐ Change

☐ Addition

CR2E034 (9/99)

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

Date

Daytime Phone #

GILLES GAGNER 4/22/00 (954) 520 4950