

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90228 018 ***158.75

DOCUMENT # P99000045675

1. Entity Name
GAMES INTERNATIONAL, INC.

Principal Place of Business

**2183 N. POWERLINE ROAD
POMPAHO FL 33069**

Mailing Address

**2183 N. POWERLINE ROAD
POMPAHO FL 33069**

2. Principal Place of Business

1751 W. COPANS RD.

3. Mailing Address

1751 W. COPANS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPAHO FL

City & State

POMPAHO FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0916269

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

**GORSKI, TOM
2051 NE 25 ST
LIGHTHOUSE POINT FL 33064**

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

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, 2002 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 ☐ Delete
NAME **D GORSKI, TOM**
STREET ADDRESS **2051 NE 25 ST**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☒ Change ☐ Addition
NAME **GORSKI, TOM**
STREET ADDRESS **4810 NW 55th DRIVE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/02

954-943-4100

Daytime Phone #

CR2E034 (9/01)