


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91446 004 \*\*\*150.00

**DOCUMENT # 488085**

1. Entity Name  
**GATE-PORT, INC.**



Principal Place of Business  
**2705 MALL DRIVE  
SARASOTA FL 34231**

Mailing Address  
**2705 MALL DRIVE  
SARASOTA FL 34231**



2. Principal Place of Business  
**123 FAIRFIELD Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**123 FAIRFIELD Ave**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**JOHNSTOWN, PA**

City & State  
**JOHNSTOWN, PA**

Zip  
**15906** Country  
**USA**

Zip  
**15906** Country  
**USA**

4. FEI Number **59-1817513**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MACY, WILLIAM**  
~~**2705 MALL DRIVE**~~  
~~**SARASOTA FL 34231**~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2320 Bee RIDGE RD.**

**LOT 146A**

City **FL** Zip Code **34239**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <del><b>DRAGOVICH, ANN (ASSISTA)</b></del> <b>123 FAIRFIELD AVE.</b> <b>JOHNSTOWN PA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MACY, WILLIAM</b> <b>2705 MALL DR</b> <b>SARASOTA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SZEWczyk, LINDA J</b> <b>305 FRANKLIN ST</b> <b>JOHNSTOWN PA 15901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>SHILEY, STANLEY</b> <b>123 FAIRFIELD AVE</b> <b>JOHNSTOWN PA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAST</b> <b>GRAHAM, MICHELLE RAE</b> <b>305 FRANKLIN STREET</b> <b>JOHNSTOWN PA 15901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2320 Bee RIDGE RD LOT 146A</b> <b>34239</b>
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
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

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: **SIG. Stanley Shiley** **4-22-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)