

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90047 002 ***150.00

DOCUMENT # 818092

1. Entity Name

THE FRANK GATES SERVICE COMPANY

Principal Place of Business

Mailing Address

7380 SAND LAKE ROAD
 SUITE 535
 ORLANDO FL 32819

P.O. BOX 16580
 COLUMBUS OH 43216

912700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-4359765**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

RINGERS, ANDREW L
DEAN RINGERS MORGAN & LAWTON
200 E ROBINSON ST, SUITE 1020
ORLANDO FL 32801

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, 2001 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 SCOTT, JENNY J**
 STREET ADDRESS **240 FOXWOOD ROAD**
 CITY-ST-ZIP **STAMFORD CT 06903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP MCCORMICK, J. ROBINSON**
 STREET ADDRESS **4015 OLD POSTE ROAD**
 CITY-ST-ZIP **COLUMBUS OH 43221**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DCEO OVERLY, NILES C**
 STREET ADDRESS **10545 WELLINGTON BLVD**
 CITY-ST-ZIP **POWELL OH 43065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV OVERLY, ROBINSON M**
 STREET ADDRESS **10442 E. WINDROSE DRIVE**
 CITY-ST-ZIP **SCOTTSDALE AZ 85259**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV MCCORMICK, J. LUKE**
 STREET ADDRESS **4762 MACALLAN COURT, EAST**
 CITY-ST-ZIP **DUBLIN OH 43017**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MADIGAN, JOSEPH J**
 STREET ADDRESS **5517 CARNOUSTIE COURT**
 CITY-ST-ZIP **DUBLIN OH 43017**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)