

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90122 025 ***550.00

DOCUMENT # 818092
1. Entity Name
THE FRANK GATES SERVICE COMPANY

Principal Place of Business
 7380 SAND LAKE ROAD
 SUITE 535
 ORLANDO FL 32819

Mailing Address
 P.O. BOX 16580
 COLUMBUS OH 43216



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 182364
 Suite, Apt. #, etc.

City & State
 Columbus OH

Zip
 43218-2364

4. FEI Number 31-4359765
 Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RINGERS, ANDREW L
DEAN RINGERS MORGAN & LAWTON
200 E ROBINSON ST, SUITE 1020
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE D	<input type="checkbox"/> Delete
NAME SCOTT, JENNY J	
STREET ADDRESS 240 FOXWOOD ROAD	
CITY-ST-ZIP STAMFORD CT 06903	
TITLE DP	<input type="checkbox"/> Delete
NAME MCCORMICK, J. ROBINSON	
STREET ADDRESS 4015 OLD POSTE ROAD	
CITY-ST-ZIP COLUMBUS OH 43221	
TITLE DCEO	<input type="checkbox"/> Delete
NAME OVERLY, NILES C	
STREET ADDRESS 10545 WELLINGTON BLVD	
CITY-ST-ZIP POWELL OH 43065	
TITLE DV	<input type="checkbox"/> Delete
NAME OVERLY, ROBINSON M	
STREET ADDRESS 10442 E. WINDROSE DRIVE	
CITY-ST-ZIP SCOTTSDALE AZ 85259	
TITLE DV	<input type="checkbox"/> Delete
NAME MCCORMICK, J. LUKE	
STREET ADDRESS 4762 MACALLAN COURT, EAST	
CITY-ST-ZIP DUBLIN OH 43017	
TITLE D	<input type="checkbox"/> Delete
NAME MADIGAN, JOSEPH J	
STREET ADDRESS 5517 CARNOUSTIE COURT	
CITY-ST-ZIP DUBLIN OH 43017	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director Emeritus	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Scott, Jenny J	
STREET ADDRESS 122 Palmers Hill Road, Apt. 3318	
CITY-ST-ZIP Stamford, CT 06902	
TITLE Director and Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME McCormick, J. Robinson	
STREET ADDRESS 3126 Kingsmead Trace	
CITY-ST-ZIP Dublin, OH 43017-2217	
TITLE Director and CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Overly, Niles C.	
STREET ADDRESS 2475 Stonehaven Court North	
CITY-ST-ZIP Columbus, OH 43220	
TITLE Director and Executive Vice Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Overly, Robinson M.	
STREET ADDRESS 2737 East Arizona Biltmore Circle	
CITY-ST-ZIP Phoenix, AZ 85016	
TITLE Director, Senior Vice Pres. & Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME McCormick, J. Luke	
STREET ADDRESS 4123 Maystar Way	
CITY-ST-ZIP Hilliard, Ohio 43026-3012	
TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Madigan, Joseph E.	
STREET ADDRESS 5555 Heron Point Drive # 2102	
CITY-ST-ZIP Naples, FL 34108	

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 empowerments.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **DATE** 8-16-02 **Daytime Phone #** 614-734-6444

CR2E034 (4/02)