

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90013 004 ***550.00

0146918 AB

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 182364
COLUMBUS OH 43218-2364**



2. Principal Place of Business
701 International Bldg

3. Mailing Address

Suite, Apt. #, etc.
Suite 175

Suite, Apt. #, etc.

City & State
Lake Mary

City & State

4. FEI Number **31-4359765**

Applied For
Not Applicable

Zip **32746**

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DE SCOTT, JENNY J**
STREET ADDRESS **122 PALMERS HILL ROAD APT 3318**
CITY-ST-ZIP **STAMFORD CT 06902**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DC MCCORMICK, J. ROBINSON**
STREET ADDRESS **3126 KINGSMEAD TRACE**
CITY-ST-ZIP **DUBLIN OH 43017-2217**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DCEO OVERLY, NILES C**
STREET ADDRESS **2475 STONEHAVEN COURT NORTH**
CITY-ST-ZIP **COLUMBUS OH 43220**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DEVP OVERLY, ROBINSON M**
STREET ADDRESS **2737 EAST ARIZONA BILTMORE CIRCLE #27**
CITY-ST-ZIP **PHOENIX AZ 85016**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DSVP MCCORMICK, J. LUKE**
STREET ADDRESS **4123 MAYSTAR WYA**
CITY-ST-ZIP **HILLIARD OH 43026-3012**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5000 Bradenton Ave
Dublin OH 43017**

TITLE Delete
NAME **D MADIGAN, JOSEPH J**
STREET ADDRESS **5555 HERON POINT DRIVE #2102**
CITY-ST-ZIP **NAPLES FL 34108**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED** _____ **7-15-03** **614-793-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)