

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90453 044 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT # P01000066963**

1. Entity Name  
**GATEWAY PROPERTY DEVELOPMENT, INC.**



Principal Place of Business  
**1104 E. SEVENTH AVE.  
TALLAHASSEE FL 32303**

Mailing Address  
**PO BOX 13268  
TALLAHASSEE FL 32317**



2. Principal Place of Business  
**1804 Miccosukee Commons Dr.**

3. Mailing Address  
Suite, Apt. #, etc.  
**SUITE 206**

City & State  
**TALLAHASSEE, FL**

City & State  
**TALLAHASSEE, FL**

Zip  
**32308**

Country  
**USA**

4. FEI Number  
**59-3730518**

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

Appliec For  
 Not Applicable

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PARKER, MATTHEW**  
**1104 E. SEVENTH AVE.**  
**TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1804 Miccosukee Commons Dr.**  
**SUITE 206**  
City  
**TALLAHASSEE FL** Zip Code  
**32308**

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)

**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>DPV</b> <input type="checkbox"/> Delete <b>PARKER, MATTHEW</b> <b>PO BOX 13268</b> <b>TALLAHASSEE FL 32317</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <input type="checkbox"/> Delete <b>PARKER, LARA</b> <b>PO BOX</b> <b>TALLAHASSEE FL 32317</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>PO BOX 13268</b> <b>TALLAHASSEE, FL 32317</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 for all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/16/03** 850 877 8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #