FILED
Jun 12, 2003 8:00 am
6. **Secretary of State**
06-03-2003 90040 006 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000062004

1. Entity Name
THE GATE STORE, INC.

55047910

Principal Place of Business
621 RIVERVIEW RD.
FLAGLER BEACH, FL 32136

Mailing Address
621 RIVERVIEW RD.
FLAGLER BEACH, FL 32136

[redacted]

2. Principal Place of Business: 317 C.R. 330
Suite, Apt. #, etc.
City & State: Bunnell, Fl.
Zip: 32110 Country: U.S.A.

3. Mailing Address: 317 C.R. 330
Suite, Apt. #, etc.
City & State: Bunnell, Fl.
Zip: 32110 Country: U.S.A.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0465187 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JACKSON, WALTER S
621 RIVERVIEW RD.
FLAGLER BEACH, FL 32136

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: [signature] Walter S. Jackson 5/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACKSON, WALTER S 621 RIVERVIEW RD. FLAGLER BEACH, FL 32136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAVIES, ANNA 621 RIVERVIEW RD. FLAGLER BEACH, FL 32136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] Walter S. Jackson 5/29/03 386-437-4487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #