

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000207

1. Entity Name

GATES UNLIMITED, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90079 037 \*\*\*150.00

Principal Place of Business

Mailing Address

757 HIGHWAY 98 EAST  
 SUITE 14  
 DESTIN FL 32541

757 HIGHWAY 98 EAST  
 SUITE 14  
 DESTIN FL 32541-2523

2. Principal Place of Business

3. Mailing Address

*981-3 Highway 98 East*  
 Suite, Apt. #, etc.

*981-3 Highway 98 East*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

*Destin, FL*

*Destin, FL*

4. FEI Number

59-3288955

Applied For

Not Applicable

Zip

Country

Zip

Country

*32541*

*32541*

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

GATES, CAROL J  
 757 HIGHWAY 98 EAST  
 SUITE 14  
 DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

*981-3 Highway 98 East*

City

*Destin*

FL

Zip Code

*32541*

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	GATES, WILLIAM H	355 SAILFISH DRIVE	DESTIN FL	<input type="checkbox"/>
VPT	CAROL J. GATES	355 SAILFISH DRIVE	DESTIN FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Carol J. Gates*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-1-2000*  
 Date

*850-654-5774*  
 Daytime Phone #

CR2FC34 (9/99)