

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 152305

1. Entity Name  
GATE MARITIME PROPERTIES, INC.

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91595 032 \*\*\*150.00

Principal Place of Business

5880 CHANNELVIEW BLVD  
JACKSONVILLE FL 32226  
US

Mailing Address

PO BOX 23627  
JACKSONVILLE FL 32241-3627  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0973954

Applied For

Not Applicable

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

MCCORMACK, JAMES E  
9540 SAN JOSE BLVD.  
JACKSONVILLE FL 32257

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.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

J.E. MCCORMACK, SECRETARY

4-19-02

(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, 2002 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 DPT  
NAME LUEDERS, JACK C JR  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE DPTAS  
NAME Lueders, Jack C., Jr.  
STREET ADDRESS 9540 San Jose Blvd  
CITY-ST-ZIP Jacksonville FL 32257 ☒ Change ☐ Addition

TITLE V  
NAME MANTIA, THOMAS  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVSA  
NAME MCCORMACK, JAMES E  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE VPSAT  
NAME McCormack, James E.  
STREET ADDRESS 9540 San Jose Blvd  
CITY-ST-ZIP Jacksonville FL 32257 ☒ Change ☐ Addition

TITLE D  
NAME FOSTER, DAVID M.  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VAS  
NAME SMITH, JEREMY P JR  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE AS  
NAME Gwaltney, Joseph F., Jr.  
STREET ADDRESS 9540 San Jose Blvd  
CITY-ST-ZIP Jacksonville FL 32257 ☐ Change ☒ Addition

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: *[Signature]* J.E. MCCORMACK, SECRETARY

4/19/02

904-448-2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)