


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90202 013 ***150.00

DOCUMENT # 277498
1. Entity Name
GATEWAY AUTO SALES, INC ✓



DO NOT WRITE IN THIS SPACE

90008738

2. Principal Place of Business
2721 DUNN AVENUE
Suite, Apt. #, etc.

3. Mailing Address
2721 DUNN AVENUE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE FLORIDA

Zip 32218 Country U.S.

Zip 32218 Country U.S.

4. FEI Number
59-1037189

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PAUL W. LEWIS

Street Address (P.O. Box Number is Not Acceptable)
2721 DUNN AVENUE

City JACKSONVILLE **FL** Zip 32218

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 _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 <u>PD</u>	NAME <u>PAUL W. Lewis</u>	STREET ADDRESS <u>2721 DUNN AVE</u>	CITY-ST-ZIP <u>JACKSONVILLE FL. 32218</u>
TITLE <u>VPTD</u>	NAME <u>EARL R. Lewis</u>	STREET ADDRESS <u>2721 DUNN AVE</u>	CITY-ST-ZIP <u>JACKSONVILLE, FL. 32218</u>
TITLE <u>D</u>	NAME <u>Eloise Lewis</u>	STREET ADDRESS <u>2721 DUNN AVE</u>	CITY-ST-ZIP <u>JACKSONVILLE, FL. 32218</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other live empowerment.

SIGNATURE: Paul W. Lewis Paul W. Lewis 1-16-03 904-766-0908
Signature and typed or printed name of signing officer or director Date Daytime Phone #