

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90022 023 ***158.75

DOCUMENT # 542957

1. Entity Name

GATEWAY FILTER CORPORATION

Principal Place of Business

**3091 SE JAY STREET
STUART FL 34997
US**

Mailing Address

**PO BOX 562
STUART FL 34995
US**

2. Principal Place of Business

2440 SE Federal Hwy

3. Mailing Address

P.O. Box 562Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State

Stuart, FL 34994

City & State

Stuart, FL 34995

4. FEI Number

25-1231824

Applied For

Not Applicable

Zip

Country

34994**Martin**

Zip

Country

34995**Martin**

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

**WERLE, R. CRAIG
1047 SW WOODCREEK DR.
PALM CITY FL**

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, 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
VC	WERLE, ROBERT R	249 SE TRESSLER DR	STUART FL	<input type="checkbox"/>
PD	WERLE, R CRAIG	1047 SW WOODCREEK DR	PALM CITY FL	<input type="checkbox"/>
D	WERLE, GRANT D	3 KNOWLES RD	STUART 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"/>
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01
Date

561 781-6976

Daytime Phone #

Grant D. Werle

CR2E034 (10/00)