

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90137 012 ***150.00

DOCUMENT # 542957

1. Entity Name
GATEWAY FILTER CORPORATION



Principal Place of Business
2440 SE FEDERAL HWY
STE 200
STUART FL 34994
US

Mailing Address
PO BOX 562
STUART FL 34995
US



2. Principal Place of Business
1047 S.W. WOODCREEK
Suite, Apt. #, etc.

3. Mailing Address
1047 S.W. WOODCREEK DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm City, FL
Zip
34990
Country
USA

City & State
Palm City, FL
Zip
34990
Country
USA

4. FEI Number
25-1231824

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent:

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VC	WERLE, ROBERT R	<input type="checkbox"/> Delete			
STREET ADDRESS	249 SE TRESSLER DR				
CITY-ST-ZIP	STUART FL				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	WERLE, R CRAIG	<input type="checkbox"/> Delete			
STREET ADDRESS	1047 SW WOODCREEK DR				
CITY-ST-ZIP	PALM CITY FL				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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 OF R. CRAIG WERLE Pres. 2/24/03 772-528-0735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)