

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90123 006 ***150.00

DOCUMENT # 697018

1. Entity Name

TOWNGATE CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

802 MABBETTE ST.

3. Mailing Address

802 MABBETTE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-2122523

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

34741

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FORTON R S H

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

802 MABBETTE STREET

City

KISSIMMEE

FL

Zip Code

34741

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P D
FORTON RODNEY S H
802 MABBETTE STREET
KISSIMMEE FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FORTON PAMELA J
802 MABBETTE STREET
KISSIMMEE FL 34741

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

[Signature]

RS H FORTON

6/4/03 407-932-0423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)