

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90081 024 \*\*\*\*61.25

**DOCUMENT # 725116**

1. Entity Name

**GATEWAY POINT, INC.**

Principal Place of Business

Mailing Address

**311 GARVIN ST.  
PUNTA GORDA FL 33950**

**311 GARVIN ST.  
PUNTA GORDA FL 33950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1514938**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KAHLE, GARY A  
21229 OLEAN BLVD, STE B  
PORT CHARLOTTE FL 33952**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DALESIO, JOHN  
STREET ADDRESS 307-D ARVIN STREET  
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE TD ☐ Delete  
NAME DUNCAN, HARY  
STREET ADDRESS 407-A GARVIN STREET  
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE SD ☐ Delete  
NAME STEFFENS, BETTY  
STREET ADDRESS 409 D. GARVIN ST  
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE VPD ☒ Delete  
NAME TUMA, HOWARD  
STREET ADDRESS P.O BOX 462 N/A  
CITY-ST-ZIP PALOS HEIGHTS IL

TITLE ☐ Change ☒ Addition  
NAME VPD Director  
STREET ADDRESS Frank Mehler  
CITY-ST-ZIP 26 Wilshire Terrace  
St. Louis, MO 63119

TITLE D ☐ Delete  
NAME PIKER, ELLIS  
STREET ADDRESS 309-A GARVIN ST  
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 617, 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:

*Betty Steffens*  
**SECRETARY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/08/02 (41) 575-8061**  
Date Daytime Phone #

CR2E037 (9/01)