

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 818092**

1. Entity Name

THE FRANK GATES SERVICE COMPANY

Principal Place of Business

7380 SAND LAKE ROAD
SUITE 535
ORLANDO FL 32819

Mailing Address

P.O. BOX 16580
COLUMBUS OH 43216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-4359765**

Applied For

Not Applicable

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

RINGERS, ANDREW L
DEAN RINGERS MORGAN & LAWTON
200 E ROBINSON ST, SUITE 1020
ORLANDO FL 32801

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 | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|------------------------|---------------------------|---------------------|---------------------------------|-------|------|----------------|-------------|---|
| | D | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | SCOTT, JENNY J | 240 FOXWOOD ROAD | STAMFORD CT 06903 | | | | | | |
| | DP | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | MCCORMICK, J. ROBINSON | 4015 OLD POSTE ROAD | COLUMBUS OH 43221 | | | | | | |
| | DCEO | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | OVERLY, NILES C | 10545 WELLINGTON BLVD | POWELL OH 43065 | | | | | | |
| | DV | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | OVERLY, ROBINSON M | 10442 E. WINDROSE DRIVE | SCOTTSDALE AZ 85259 | | | | | | |
| | DV | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | MCCORMICK, J. LUKE | 4762 MACALLAN COURT, EAST | DUBLIN OH 43017 | | | | | | |
| | D | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | MADIGAN, JOSEPH J | 5517 CARNOUSTIE COURT | DUBLIN OH 43017 | | | | | | |

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

Date

Daytime Phone #

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90047 002 ***150.00

912700

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)