

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A95000000918**

1. Entity Name  
**SUNGATE, LTD.**

FILED

02 APR 30 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**3260 UNIVERSITY BLVD.  
STE. 210  
WINTER PARK FL 32792-7433**

Mailing Address  
**3260 UNIVERSITY BLVD.  
STE. 210  
WINTER PARK FL 32792-7433**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3319756**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HADDOCK PROFESSIONAL ASSOCIATION  
3260 UNIVERISTY BLVD.  
STE. 210  
WINTER PARK FL 32792**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P95000047621 SUNGATE, INC. n/k/a <i>Sungate USA, Inc.</i> 3260 UNIVERSITY BLVD., STE. 210 WINTER PARK FL 32792</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	<b>100005503021--6 -05/10/02--01057--009 ****150.00 ****150.00</b>
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02.03.11 407-679-6170  
Date Daytime Phone #

CR2E003 (9/01)