

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

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90010 045 \*\*\*150.00

**DOCUMENT #** F900000001377

**1. Entity Name**

Gateway Finance, Inc

**DO NOT WRITE IN THIS SPACE**

B1050306

**2. Principal Place of Business**

6200 State St

**3. Mailing Address**

Same

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Ste 2

Suite, Apt. #, etc.

**City & State**

Saginaw Mi

**City & State**

**4. FEI Number**

38-3262490

**Applied For**

Not Applicable

**Zip**

48603

**Country**

**Zip**

**Country**

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

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

**Name**

Ron Harris

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

101 N. Orange Ave

**City**

Green Cove Springs

**FL**

**Zip Code**

32043

**DO NOT WRITE  
IN THIS SPACE**

**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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**11. OFFICERS AND DIRECTORS**

**TITLE  
NAME**

President  
Richard J. Garber Jr  
6200 State St, Ste 2  
Saginaw, Mi 48603

**TITLE  
NAME**

**STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME**

Secretary  
R. Michael Dicken  
6200 State St, Ste 2  
Saginaw, Mi 48603

**TITLE  
NAME**

**STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME**

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**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 on an attachment with an address with all other like empowered.**

**SIGNATURE:**

R. Michael Dicken

3-7-02 989-790-9090

Date

Daytime Phone #

CR2E034B (12/01)