

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90003 041 ***150.00

DOCUMENT # F96000002578

1. Entity Name
DATAGATE, INC.

Principal Place of Business
**6490 S. MCCARRAN BLVD. B-14
RENO NV 89509**

Mailing Address
**1641 COMMERCE AVE N
SAINT PETERSBURG FL 33716**

2. Principal Place of Business
3107 N DEER RUN RD

3. Mailing Address

Suite, Apt. #, etc.
Suite 20

Suite, Apt. #, etc.

City & State
CARSON City NV

City & State

4. FEI Number **94-2639065**

Applied For
Not Applicable

Zip
89701

Country
CARSON City

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

**FERNANDEZ, JESUS
3471 A NW 55TH ST
FORT LAUDERDALE FL 33309**

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 State

10. 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
**P
HALL, JEFF
6490 S. MCCARRAN BLVD. B-14
RENO NV 89509** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3107 N DEER RUN RD Suite 20
CARSON City, NV 89701** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HALL, KARAN
6490 S. MCCARRAN BLVD. B-14
RENO NV 89509** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3107 N. DEER RUN RD Suite 20
CARSON City NV 89701** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
O'CONNOR, JUDITH
17808 WILLOW LAKE DR
ODESSA FL 33556** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

J.W. Kelly

3-18-01

Date

Daytime Phone #

727-577-0660

CR2E034 (10/00)