

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90568 024 \*\*\*150.00

**DOCUMENT # F96000003192**

1. Entity Name  
**GATEWAY COMPANIES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>2907 N. DALE MABRY HWY<br/>TAMPA FL 33607</b> | Mailing Address<br><b>PO BOX 2010 TAX DEPT Y-15<br/>N. SIOUX CITY SD 57049-3199</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>610 Gateway Drive</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                       |

|   |                         |                                       |  |
|---|-------------------------|---------------------------------------|--|
| City & State<br><b>N. Sioux City SD</b>                   | City & State            | 4. FEI Number<br><b>46-0431398</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>57049</b>                                       | Country<br><b>Union</b> | Zip                                   | Country  |
| 5. Certificate of Status Desired <input type="checkbox"/> |                         | <b>\$8.75</b> Additional Fee Required |  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>C.T. CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|--|---|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>WEITZEN, JEFFERY<br/>610 GATEWAY DR.<br/>N. SIOUX CITY SD 57049</b>   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD<br/>Joseph Burke<br/>4545 Towne Centre Ct.<br/>San Diego CA 92121</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>ELLIOTT, WILLIAM M<br/>610 GATEWAY DR.<br/>N. SIOUX CITY SD 57049</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>4545 Towne Centre Ct.<br/>San Diego CA 92121</b>                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>HARVEY, RANDALL D<br/>610 GATEWAY DR.<br/>N. SIOUX CITY SD 57049</b>   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>SMIEGOWSKI, NANCY<br/>640 GATEWAY DR<br/>N SIOUX CITY SD 57049</b>     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>HELM, STEPHANIE<br/>610 GATEWAY DR<br/>N SIOUX CITY SD 57049</b>       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>4545 Towne Centre Court<br/>San Diego CA 92121</b>                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Randall D. Harvey* **Randall D. Harvey** 2-5-01 426706 605 232-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)