

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J78207

1. Entity Name

GATE FUEL SERVICE, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90039 026 ***150.00

Principal Place of Business

9540 SAN JOSE BLVD
JACKSONVILLE FL 32257
US

Mailing Address

BOX 23627
JACKSONVILLE FL 32241-3627
US

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 **59-2874364**

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

MCCORMACK, JAMES E
9540 SAN JOSE BLVD
JACKSONVILLE FL 32257

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

J.E. MCCORMACK SECRETARY

4-16-01

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-instating)

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	PD	☐ Delete
NAME	LEVITT, WAYNE M.	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	☐ Delete
NAME	MCCORMACK, JAMES E	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	LOVE, WILLIAM MICHAEL	
STREET ADDRESS	9450 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VTAS	☐ Delete
NAME	LUEDERS, JACK C JR.	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete
NAME	FOSTER, DAVID M.	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

4-16-01

Date

9044482910

Daytime Phone #

CR2E034 (10/00)