

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90079 050 ***158.75

0389595

DOCUMENT # K09324

1. Entity Name
TOLGATE, INC.

Principal Place of Business
**4500 EXECUTIVE DR
 SUITE 300
 NAPLES FL 34119
 US**

Mailing Address
**4500 EXECUTIVE DR
 SUITE 300
 NAPLES FL 34119
 US**

2. Principal Place of Business
**5672 STRAND CT.
 SUITE #1
 NAPLES, FL
 34110 USA**

3. Mailing Address
**5672 STRAND CT.
 SUITE #1
 NAPLES, FL
 34110 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0016437** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent
**KELLY, JANET
 4500 EXECUTIVE DRIVE
 SUITE 300
 NAPLES FL 34119**

7. Name and Address of New Registered Agent
 Name **KELLY, JANET**
 Street Address (P.O. Box Number is Not Acceptable)
**5672 STRAND CT.
 SUITE #1
 NAPLES FL 34110**

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 **JANET KELLY TREASURER 4/5/01** 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	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JANET		NAME	KELLY, JANET	
STREET ADDRESS	4500 EXECUTIVE DR, #300		STREET ADDRESS	5672 STRAND CT. #1	
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, ROBERT S.		NAME	HARDY, ROBERT S.	
STREET ADDRESS	13056 POND APPLE DR.		STREET ADDRESS	5692 STRAND CT. #3	
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, PAUL		NAME	HARDY, PAUL	
STREET ADDRESS	5780 24TH AVE, N.W.		STREET ADDRESS	5692 STRAND CT. #1	
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **JANET KELLY TREASURER 4/5/01 (941) 597-9888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)