

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90145 021 ***150.00

DOCUMENT # **K33093**

1. Entity Name
GATEWAY GROWERS, INC.



Principal Place of Business
**4770 CANAL 14 ROAD
LAKE WORTH FL 33463
US**

Mailing Address
**4770 CANAL 14 ROAD
LAKE WORTH FL 33463
US**

2. Principal Place of Business

6157 WESTERN WAY

Suite, Apt. #, etc.

3. Mailing Address

6157 WESTERN WAY

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number **65-0081391**

Applied For
Not Applicable

Zip
33463

Country
US

Zip
33463

Country
US

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

6. Name and Address of Current Registered Agent

**BROWN, JEFFREY AW
4770 CANAL 14 ROAD
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **BROWN, JEFFREY**
STREET ADDRESS **4770 CANAL 14 ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6157 WESTERN WAY**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-21-03** Daytime Phone # **561-439-1003**

CR2E034 (10/02)