

AMENDED

03

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -5 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

GATEWAY GRAPHIC SYSTEMS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1468 Connors Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300018843343  
05/13/03--01061--017 \*\*61.25

DO NOT WRITE IN THIS SPACE

City &amp; State

Winter Springs, Florida

City &amp; State

4. FEI Number

59-2938624

Applied For

Not Applicable

Zip

32708

Country

Seminole

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAVID W. MITCHELL

Street Address (P.O. Box Number is Not Acceptable)

1468 Connors Lane

Winter Springs

City

FL

Zip Code

32708

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDPST  
DAVID W. MITCHELL  
1468 Connors Lane  
Winter Springs, FL 32708TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034B (12/02)