

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**  
 04-09-2002 90056 018 \*\*\*150.00

0567889 AV

**DOCUMENT # L39802**

1. Entity Name

**BILLINGSGATE, INC.**

Principal Place of Business

**2759 NW FEDERAL HWY  
 STUART FL 34994-9258  
 US**

Mailing Address

**% NANNETTE BILLINGS  
 2759 NW FEDERAL HWY  
 STUART FL 34994-9258  
 US**

2. Principal Place of Business

**2411 S.E. Gilbert Ave**

Suite, Apt. #, etc.

3. Mailing Address

**2411 S.E. Gilbert Ave**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Port St. Lucie, FL**

City & State

**Port St. Lucie, FL**

4. FEI Number

**65-0160602**

Applied For

Not Applicable

Zip

**34952**

Country

**St. Lucie County**

Zip

**34952**

Country

**St. Lucie County**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BILLINGS, NANNETTE  
 2759 NW FEDERAL HWY  
 STUART FL 34994**

7. Name and Address of New Registered Agent

Name

**Same**

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

**2411 S.E. Gilbert Ave**

City

**Port St. Lucie**

FL

Zip Code

**34952**

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.

**Change address only**

SIGNATURE

**Nannette M Billings**

**DTS**

**3/29/02**

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

(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. ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution: ☐

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DTS** ☐ Delete  
 NAME **BILLINGS, NANNETTE**  
 STREET ADDRESS **2759 NW FEDERAL HWY**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **same** ☒ Change ☐ Addition  
 NAME **same**  
 STREET ADDRESS **2411 S.E. Gilbert Ave**  
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

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

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

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 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: **Nannette M Billings**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nannette M. Billings**

Date

**3/28/02**

Daytime Phone #

**772-398-7564**

CR2E034 (9/01)