2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90039 029 ***150.00

DOCUMENT # L77367

1. Entity Name
GATE INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
9540 SAN JOSE BLVD JACKSONVILLE FL 32257 US	BOX 23627 JACKSONVILLE FL 32241-0627 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO BOX 23627 Suite, Apt. #, etc.
City & State	City & State: JACKSONVILLE, FL
Zip / Country	Zip: 32241-3627 / Country

4. FEI Number 59-3014492 ☐ 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
LEPRELL, SAMUEL L. 1300 GULF LIFE DRIVE SUITE 800 JACKSONVILLE FL 32207	Name: MCCORMACK, JAMES E. Street Address (P.O. Box Number is Not Acceptable): 9540 SAN JOSE BLVD City: JACKSONVILLE FL Zip Code: 32257

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: [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 reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LUEDERS, JACK C., JR. 9540 SAN JOSE BLVD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T/AS LUEDERS, JACK C JR. 9540 SAN JOSE BLVD. JACKSONVILLE, FL 32257	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS MCCORMACK, JAMES E 9540 SAN JOSE BLVD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/ S MCCORMACK, JAMES E 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PECK, BARBARA 9540 SAN JOSE BLVD. JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, JEREMY P. 9540 SAN JOSE BLVD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SMITH, JEREMY P. 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAS LEUDERS, JACK C JR 9540 SAN JOSE BLVD. JACKSONVILLE FL 32257	XX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAS MCMORMACK, JACK C JR 9540 SAN JOSE BLVD JACKSONVILLE FL 32257	XX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] J.E. McCORMACK, SECRETARY 4-16-01 904 448 2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #