

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90133 016 ****50.00

DOCUMENT # L97000000093

1. Entity Name

SMARTGATE, L.C.

Principal Place of Business

**4400 INDEPENDENCE COURT
 SARASOTA FL 34234**

Mailing Address

**4400 INDEPENDENCE COURT
 SARASOTA FL 34234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0730078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUFFEY, SAMUEL S
 4400 INDEPENDENCE COURT
 SARASOTA FL 34234**

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.

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 \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 MICHAEL, STEPHEN A
 4400 INDEPENDENCE COURT
 SARASOTA FL 34234** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR/P ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 DUFFEY, SAMUEL S
 4400 INDEPENDENCE COURT
 SARASOTA FL 34234** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR/C ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 ROTH, ROBERT T
 8006 BAY VALLEY COURT
 ORLANDO FL 32819** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR/T
 KING, EDMUND C.
 4400 Independence Court
 Sarasota, FL 34234** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 KNIGHT, ROBERT
 4400 Independence Court
 Sarasota, FL 34234** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 DOLAN, WILLIAM W.
 4400 Independence Court
 Sarasota, FL 34234** ☐ Change ☒ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-23-02 (941) 355-9361

CR2E083 (9/01)