

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001743**

Entity Name

GATEWAY TO FLORIDA PROPERTIES, INC.**FILED****Feb 20, 2002 8:00 am**
Secretary of State

02-20-2002 90183 010 ****61.25

Principal Place of Business

0760 KAREN GALE LANE
JACKSONVILLE FL 32225-2928

Mailing Address

6347 COLLINS RD
JACKSONVILLE FL 32244-809
US

80029991



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3503620

Applied For

Not Applicable

Zip

Country

Zip

Country

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**OLSEN, CLARENCE J
6347 COLLINS RD
JACKSONVILLE FL 32244

Name

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

City

FL

Zip Code

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<input type="checkbox"/> Delete P OLSEN, CLARENCE J 6347 COLLINS RD JACKSONVILLE FL 32244-5809	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete VPD HOLT, MILO 9439 SAN JOSE BLVD 184 JACKSONVILLE FL 32257-5547	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete SD OLSEN, HELEN 6347 COLLINS RD JACKSONVILLE FL 32244-5809	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete TD HOPKINS, FREDERICK D 3634 HILLARD RD JACKSONVILLE FL 32217-4259	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete T TEIGLAND, GEORGE E 10760 KARENGALE LN JACKSONVILLE FL 32225-2928	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete T SUNDBY, DONALD 11133 STOWE COTTAGE LANE JACKSONVILLE FL 32223-7308	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 (904) 641-7796

Date

Daytime Phone #

CR2E037 (9/01)