

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90322 002 ***150.00

DOCUMENT # P00000029703

1. Entity Name

CITY GATE MARKETING, INC.

Principal Place of Business

Mailing Address

**19046 BRUCE B. DOWNS BLVD. PMB #105
 TAMPA FL 33647**

**19046 BRUCE B. DOWNS BLVD. PMB #105
 TAMPA FL 33647**

00024999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3630602

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

**PIGNATO, JAMES V
 101 SE 6TH AVENUE
 SUITE A
 DELRAY BEACH FL 33483**

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 as applicable

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its indelible
 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PSD
 J. THOMAS PIGNATO
 19046 BRUCE B. DOWNS BLVD. PMB #105
 TAMPA FL 33647**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2001

Date

813 334 1159

Daytime Phone #