

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90044 010 ***150.00

DOCUMENT # P00000033154

1. Entity Name
GATEWAY PROPERTIES & MARKETING, INC.

Principal Place of Business 6637 SUPERIOR AVENUE. #D SARASOTA FL 34231	Mailing Address 6637 SUPERIOR AVENUE. #D SARASOTA FL 34231
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6637 SUPERIOR AVE Suite, Apt. #, etc. # A	3. Mailing Address PO Box 19904 Suite, Apt. #, etc.
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City & State SARASOTA FL	City & State SARASOTA FL	4. FEI Number 65-0998718	Applied For <input type="checkbox"/> Not Applicable
Zip 34231	Country USA	Zip 34231	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**WENSTERN, LINDA LUE
 6821 SUPERIOR AVENUE
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent
 Name: **NONE**
 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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Pamela Morgan **PAMELA MORGAN PRES** 4/17/01 941 9217185
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)