

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90677 001 *****8.75
 04-01-2002 90677 002 ***150.00

0017246 AV

DOCUMENT # P01000015144

1. Entity Name
GATEWAY MANAGEMENT SERVICES OF NEW SMYRNA BEACH, INC.

Principal Place of Business **Mailing Address**
~~200 DOWNING ST.~~ **329 SWEET BAY** ~~200 DOWNING ST.~~ **329 SWEET BAY**
 NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
329 SWEET BAY **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **Applied For**
NSB, Florida **62-1873922** **Not Applicable**
Zip **Country** **Zip** **Country**
32168 **DOLUSIA**

5. Certificate of Status Desired **8. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**
☒ **\$8.75 Additional Fee Required**
ZACHA, JAMES A
~~200 DOWNING ST.~~ **329 SWEET BAY**
NEW SMYRNA BEACH FL 32168 - 7971
 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 James A. Zacha JAMES A. ZACHA, PRESIDENT 3-21-02
(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** **10. Election Campaign Financing** **\$5.00 May Be**
After May 1, 2002 Fee will be \$550.00 **Trust Fund Contribution.** ☐ **Added to Fees**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACHA, JAMES A		NAME		
STREET ADDRESS	329 SWEET BAY		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168 - 7971		CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASINGER, KRISTI Z		NAME		
STREET ADDRESS	19 CEDAR DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP		
TITLE	CAROL J. ZACHA, SEC.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	329 SWEET BAY		STREET ADDRESS		
CITY-ST-ZIP	NSB, FL 32168-7971		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: James A. Zacha JAMES A. ZACHA, PRES 3-21-02 (FNU) 428-9895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)