

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90244 043 ***150.00

DOCUMENT # P01000066963

1. Entity Name

GATEWAY PROPERTY DEVELOPMENT, INC.

Principal Place of Business

**1104 E. SEVENTH AVE.
TALLAHASSEE FL 32303**

Mailing Address

**PO BOX 1026
TALLAHASSEE FL 32302**

2. Principal Place of Business

3. Mailing Address

PO Box 13268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

4. FEI Number

59-3730518

Applied For

Not Applicable

Zip

Country

Zip

Country

32317

USA

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

**PARKER, MATTHEW
1104 E. SEVENTH AVE.
TALLAHASSEE FL 32303**

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

Matthew Parker
Signature, typed or printed name of registered agent and title if applicable.

MATTHEW PARKER PRINCIPAL

(NOTE: Registered Agent signature required when reinstating)

4/1/02
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
After May 1, 2002 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

TITLE * ☐ Delete
NAME **DPV**
STREET ADDRESS **PARKER, MATTHEW**
CITY-ST-ZIP **PO BOX 1026
TALLAHASSEE FL 32302**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **PARKER, LARA**
CITY-ST-ZIP **PO BOX 1026
TALLAHASSEE FL 32302**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 13268**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO BOX 13268**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

Matthew Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 800 264-5353
Date Daytime Phone #

0040659 AV

CR2E034 (9/01)