## **FILED** May 05, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P02000004917 DOCUMENT #

| 1. Entity Nam<br>GATES A   | ne<br>DWEB, INC.  | `   |  |          |  |   | 05-05-2003 9                                       | 91877 01:     | 2 ***158.7                 | 5                         |  |
|--|---|---|--|----------|--|---|--|---------------|----------------------------|---------------------------|--|
| 1180 SOUTH<br>SUITE #105<br>POMPANO BE   | ce of Business POWERLINE RD. EACH FL 33069  | Mailing Address<br>1180 SOUTH POWERLI<br>SUITE #105<br>POMPANO BEACH FL | TH POWERLINE RD.<br>05<br>BEACH FL 33069 |          |  |   |  |               |                            |                           |  |
| 2. Principal F   | 3. Mailing Address 1158 South Suite, Apt. #, etc.                                   | uth Powerline Rd  |  |          | CHECK HERE IF MAKING CHANGES   |   |  |               |                            |                           |  |
| City & Stat  |   | City & State Pompano Be   |  |          |  | 4. FEI Num                                  | ber<br>5-09668                                     | 308           | <u> </u>                   | plied For<br>t Applicable |  |
| 3306   |   | 33069   | Gount<br>Bro                             | ware     | <b>)</b>   | 5. Certifica                                | te of Status Desired                               | Ø             | \$8.75 Add<br>Fee Required |                           |  |
| 6. Name and Address of Current Registered Agent  |   |   |  |          |  | 7. Name and Address of New Registered Agent |  |               |                            |                           |  |
| GATES, MICHAEL C   |   |   |  |          |  | 5. Michael C                                |  |               |                            |                           |  |
| 1180 SOUTH POWERLINE RD.   |   |   |  |          | Street Address (P.O. Box Number is Not Acceptable) 1158 SOUTH POWERLINE RD |   |  |               |                            |                           |  |
| SUITE #1   |   |   | ļ  |          | <u> </u>   | <u> </u>                                    | 10001  | -1700         |                            |                           |  |
| POMPANO  |   | Cit Pou   | AA OCU                                   | 14 A B   | each   | FL  | 73 Gode  | 369           |                            |                           |  |
|  | e named entity submits this statement for<br>tions of registered agent.             | Micha   | its registere                            | <u> </u> | Sat  | es_   | oth, in the State of Flo                           | orida. I am   |                            |                           |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State |   |   |  |          |  | . 1   | Election Campaign Fil<br>Trust Fund Contributio    | on. C         | Added                      | May Be<br>to Fees         |  |
| 10.  | OFFICERS AND  | DIRECTORS   | 11.                                      |          |  | ADDITION                                    | S/CHANGES TO OFF                                   | ICERS AND     | DIRECTORS                  | 3IN 11                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>GATES, MICHAEL C<br>1180 SOUTH POWERLINE RD. #<br>POMPANO BEACH FL 33069       | □ Delete  |  | 1        | PEATE<br>1158<br>Pomi  | ES, MI<br>South<br>Sano (                   | ICHAEL C<br>4 Powerling<br>Beach, FL               | 283<br>330    | ⊠ Change<br>169            | Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete  | 1  |          |  |   |  | -             | Change                     | Addition                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |   | □ Delete  |  |          |  |   |  |               | ☐ Change                   | ☐ Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete  |  |          |  |   |  |               | ☐ Change                   | Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete  |  | ŀ        |  |   |  |               | ☐ Change                   | Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | a <sup>i</sup>  | ☐ Delete  | TITLE<br>NAME<br>STREE                   |          |  | . 3   | .,   |               | Change                     | Addition                  |  |
| CITY-ST-ZIP  | pertify that the information supplied with on this report or supplemental report is | this filing does not qualify<br>true and accurate and the               | for the exen                             | ST-ZIP   | ed in Sect   | ion 119.07(3<br>me legal effe               | l)(i), Florida Statutes.<br>ect as if made under e | I further cer | tify that the in           | formation<br>or director  |  |

**SIGNATURE:**