

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91908 013 ***150.00

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DOCUMENT # P02000037149

1. Entity Name
GATOR PRESS, INC.



Principal Place of Business
4110 SW 34TH ST., STE. 3
GAINESVILLE FL 32608

Mailing Address
4110 SW 34TH ST., STE. 3
GAINESVILLE FL 32608



2. Principal Place of Business

3. Mailing Address

2105 NW 27 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

4. FEI Number

74-3033364

Applied For

Not Applicable

Zip

Country

Zip

Country

32605 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

BERRYMAN, KAREN J
4110 SW 34TH ST., STE. 3
GAINESVILLE FL 32608

Name
Karen Ehlers

Street Address (P.O. Box Number is Not Acceptable)

2105 NW 27 Terrace

City
Gainesville FL

FL

Zip Code
32605

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen Ehlers

[Signature]

4/30/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BERRYMAN, KAREN J	
STREET ADDRESS	2105 NW 27TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	EHLERS, ROBERT S	
STREET ADDRESS	2105 NW 27TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Ehlers	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

5/1/2003

(352)
392-0584

Date

Daytime Phone #

ext. 1294

CR2E034 (10/02)