2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000040685

Mailing Address

472 FT PICKENS RD

PENSACOLA BCH FL 32561

1. Entity Name

GATEWAY 17, INC.

Principal Place of Business

PENSACOLA BCH FL 32561

472 FT PICKENS RD

SIGNATURE:

FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90195 045 ***158.75

|--|

2. Principal Place of Business 3200-3206 S. Highway 95A Suite, Apt. #, etc. 3. Mailing Address 1011 Howard George Drive Suite, Apt. #, etc.				rive	CHECK HERE IF MAKING CHANGES	
City & State Cantonment, Florida		City & State Manchester, Missouri			4. FEI Number Applied For 02-0588279 Not Applicable	
Zip 32533	Country Escambia	Zip 63021	Country St. Lot	uis	5. Certificate of Status Desired \$8.75 Additional Fee Required	
·	6. Name and Address of Current F	Registered Agent			7Name and Address of New Registered Agent	
HOFFMAN, CHARLES L SEVILLE TOWER 226 PALAFOX PL 9TH FL PENSACOLA FL 32501			Stre		(P.O. Box Number is Not Acceptable)	
LHOADC	JEK 1 E 32301		City		FL Zip Code	
signature .	Signature, typed or printed name of registered agent at ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	nd title if applicable. (NOT	E: Registered Agent s		red agent, or both, in the State of Florida. I am familiar with, and accept d when reinstating) OATE 9. Election Campaign Financing Trust Fund Contribution.	
	·					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DEPOND, JOHN R 472 FT PICKENS RD PENSACOLA BCH FL 32561 D DEPOND, THERESA M	Delete X Delete	11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	Joh ss 101	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 esident/Treasurer/Directork Change Addition on R. DePond 11 Howard George Drive ochester, Missouri 63021	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	472 FT PICKENS RD PENSACOLA BCH FL 32561	☐ Delete	STREET ADDRE CITY-ST-ZIP TITLE NAME	Vic	e-Pres/Secretary/Director Change K Addition	
STREET ADDRESS CITY-ST-ZIP	· · · · ·		STREET ADDRE	SS 102	22 Devonshire Lake Drive	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS	☐ Change ☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss	☐ Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS	. Change ☐ Addition	
of the corp	on this report of supplemental report is t	rue and accurate and that r vered to execute this report	nv signature stva	all have the s	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if	

John R. DePond

2/7/2003

636-256-9444 Daytime Phone #