

FILED

Sep 05, 2003 8:00 am
Secretary of State

08-20-2003 90047 017 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000073403

1. Entity Name

GATO GUARD SERVICES, INC.

Principal Place of Business
408 EASTBRIDGE DRIVE
OVIEDO FL 32765Mailing Address
408 EASTBRIDGE DRIVE
OVIEDO FL 32765

55055801

2. Principal Place of Business

13994 Lake Price Dr.

Suite, Apt. #, etc.

3. Mailing Address

13994 Lake Price Dr.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

16-1616699

Applied For

☒ Not Applicable

Zip

32826

Country

USA

Zip

32826

Country

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

GATO, CHRISTINA Christina

408 EASTBRIDGE DRIVE

OVIEDO FL 32765

13994 Lake Price Dr.

Orlando FL 32826

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

SIGNATURE

Christina Gato Christina Gato

8/18/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State9. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Johnny Gato	13994 Lake Price Dr.	Orlando FL 32826				
Vice-president	Christina Gato	13994 Lake Price Dr.	Orlando, FL 32826				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/03

Date

407-980-2310

Daytime Phone #

CR2E034 (4/03)