

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90287 029 \*\*\*550.00

0073415 AV

**DOCUMENT # P02000109753**

1. Entity Name  
**GATE ENTRY SYSTEMS, INC.**



Principal Place of Business  
**3460 N.W. 43RD AVE.  
LAUDERDALE LAKES FL 33319**

Mailing Address  
**3460 N.W. 43RD AVE.  
LAUDERDALE LAKES FL 33319**



2. Principal Place of Business  
**1421 SW 12th AVE.**

3. Mailing Address

Suite, Apt. #, etc.

**STE D**

Suite, Apt. #, etc.

**SAME**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**TOMPOND BCH, FL**

City & State

4. FEI Number

**051-0434392**

Applied For

Not Applicable

Zip

**33069**

Country

**BROWARD**

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RISPOLI, MICHAEL B  
3460 N.W. 43RD AVE.  
LAUDERDALE LAKES FL 33319**

7. Name and Address of New Registered Agent

Name **MICHAEL B. RISPOLI**  
Street Address (P.O. Box Number is Not Acceptable)  
**3460 NW 43 AVE**  
**33319**  
City **LAUDERDALE LAKES, FL** FL Zip Code **33319**

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

*Michael B. Rispoli*

(NOTE: Registered Agent signature required when reinstating)

**8/1/03**

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RISPOLI, MICHAEL B**  
CITY-ST-ZIP **3460 N.W. 43RD AVE.  
LAUDERDALE LAKES FL 33319**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RISPOLI, PAIGE E**  
CITY-ST-ZIP **3460 N.W. 43RD AVE.  
LAUDERDALE LAKES FL 33319**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

*Michael B. Rispoli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/03 (954) 784-7349**

Date

Daytime Phone #

CR2E034 (4/03)