

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000002386**

1. Entity Name

GATEWAY STORAGE COMPANY**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90972 048 ***150.00

Principal Place of Business

**11930 FAIRWAY LAKES DR
SUITE #2
FORT MYERS FL 33913
US**

Mailing Address

**11930 FAIRWAY LAKES DR
SUITE #2
FORT MYERS FL 33913
US**

2. Principal Place of Business

**11930 Fairway Lakes Dr
Suite, Apt. #, etc.
Suite #2**

3. Mailing Address

**11930 Fairway Lakes Dr
Suite, Apt. #, etc.
Suite #2**

City & State

Ft Myers FL

City & State

Ft Myers FL4. FEI Number **65-0381629**

Applied For

Not Applicable

Zip

33913

Country

USA

Zip

33913

Country

USA5. 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

**DOCKERY, SAMUEL E
11930 FAIRWAY LAKES DR
SUITE #2
FT MYERS FL 33913**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	DOCKERY, SAMUEL E	
STREET ADDRESS	11930 FAIRWAY LAKES DR	
CITY-ST-ZIP	FT MYERS FL 33913	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dockery, Samuel E	
STREET ADDRESS	11930 Fairway Lakes Dr	
CITY-ST-ZIP	Ft Myers FL 33913	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dockery, Pamela Reitz	
STREET ADDRESS	11930 Fairway Lakes Dr	
CITY-ST-ZIP	Ft Myers FL 33913	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 11 or Block 12 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

Samuel E. Dockery**04/25/01 941-768-5070**

Date

Daytime Phone #

CR2E034 (10/00)