

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90006 007 ***150.00

DOCUMENT # P94000052146**1. Entity Name**
KINGSGATE DEVELOPMENT, INC.**Principal Place of Business****13909 KING AVE**
HUDSON FL 34667**Mailing Address****4307 NORTHRIDGE ROAD**
LOCKPORT NY 14094**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

4307 N. RIDGE RD.

City & State

LOCKPORT, N.Y.

Suite, Apt. #, etc.

4307 N. RIDGE RD.

City & State

LOCKPORT, N.Y.

Zip

14094

Country

NIAGARA

Zip

14094

Country

NIAGARA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3255459

Applied For

Not Applicable

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****CAPITAL CONNECTION, INC.****417 E VIRGINIA ST****TALLAHASSEE FL 32302**

Name

DAVID C. ECKEL

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

3840 MARINERS WAY

City

CORTEZ,**FL**

Zip Code

34215**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***David C. Eckel*
Signature, typed or printed name of registered agent and title if applicable.**DAVID C. ECKEL**

(NOTE: Registered Agent signature required when reinstating)

2/24/01

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:***Donald S. Clark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/01

Daytime Phone #

716-433-5665

CR2E034 (10/00)