

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024095

1. Entity Name

U. S. GATE AN AUTOMATIC ACCESS INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90075 021 ***150.00

Principal Place of Business

Mailing Address

2887 W THARP ST #G
TALLAHASSEE FL 32303

4244 W. TENNESSEE STREET
SUITE 225
TALLAHASSEE FL 32304-1033

2. Principal Place of Business

3. Mailing Address

1505 Capital Circle NW
Suite, Apt. #, etc. NW

1505 Capital Circle NW
Suite, Apt. #, etc. W



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tallahassee FLA

Tallahassee FLA

4. FEI Number

59-3365269

Applied For

Not Applicable

Zip

Country

Zip

Country

32303

USA

32303

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

PHILLIPS, WILLIAM M
2887 W THARP ST #G
TALLAHASSEE FL 32303

Name

William M Phillips

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

1505 W CAPITAL CIRCLE NW

City

Tallahassee

FL

Zip Code

32303

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

William M Phillips

4/20/00

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, 2000 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 P ☐ Delete
NAME PHILLIPS, WILLIAM M
STREET ADDRESS RT 4 BOX 91 106 PARADISE RD
CITY-ST-ZIP HAVANA FL

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

TITLE P ☐ Delete
NAME PHILLIPS, PAM K
STREET ADDRESS RT 4 BOX 91 106 PARADISE RD
CITY-ST-ZIP HAVANA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

William M Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
Date

5040979
Daytime Phone #

CR2E034 (9/99)