

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000024095**

1. Entity Name

U. S. GATE AN AUTOMATIC ACCESS INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90131 027 ***150.00

0026239

Principal Place of Business 1505 CAPITAL CIR. NW TALLAHASSEE FL 32303	Mailing Address 1505 CAPITAL CIR. NW TALLAHASSEE FL 32303
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544356

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3365269	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS, WILLIAM M 2887 W THARP ST #G TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent Name William M. Phillips Street Address (P.O. Box Number is Not Acceptable) 106 PARADISE RD Havana City FL Zip Code 32383

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, WILLIAM M RT 4 BOX 91 HAVANA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, PAM K RT 4 BOX 91 HAVANA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillips, William M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 106 PARADISE RD Havana FL 32383
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Phillips, Pam K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 106 PARADISE RD Havana FLA 32383
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-23-01

Date

504-0979

Daytime Phone #

CR2E034 (10/00)