

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048466

1. Entity Name

GATE SYSTEMS UNLIMITED, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90092 036 ***150.00

Principal Place of Business
21000 BOCA RIO RD
C-4
BOCA RATON FL 33433
US

Mailing Address
13214 HAMLIN BLVD
W PALM BCH FL 33412-2643
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0670833

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

FORTNEY, GERALYN
13214 HAMLIN BLVD
WEST PALM BEACH FL 33412

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, 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 ☒ Delete
NAME FORTNEY, GERALYN
STREET ADDRESS 13214 HAMLIN BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33412

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

TITLE ☐ Delete
NAME FORTNEY, BRYCE C
STREET ADDRESS 201 RACQUET CLUB RD #S 411
CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE ☒ Change ☐ Addition
NAME 12420 NW 15th St.
STREET ADDRESS Bldg 2 - 304
CITY-ST-ZIP Sunrise, FL 33326

TITLE ☒ Delete
NAME FORTNEY, ROBERT B
STREET ADDRESS 13214 HAMLIN BLVD
CITY-ST-ZIP W PALM BCH FL

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS
CITY-ST-ZIP 33412

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/00 561-487-7800

CR2E034 (9/99)