P96000048466

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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officer Resignation

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TRANSMITTAL LETTER

	Amendment Section Division of Corporations	
SUBJE	ECT: GATESYSTEMS UNLIMITED, INC. (Name of co	orporation)
DOCUM	JMENT NUMBER: P96000048466	-
The enc	nclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please re	return all correspondence concerning this matter	ter to the following:
BRYCE	CE C. FORTNEY	
	(Name of person)	<u> </u>
GATES	SYSTEMS UNLIMITED, INC.	
	(Name of firm/company)	
12593 -	B - 89TH PLACE NORTH	
	(Address)	
WEST F	FPALM BEACH, FL 33412	<u>-</u>
	(City/state and zip code)	
For furth	rther information concerning this matter, please	e call:
BRYCE	E FORTNEY at (54 931-7023 ea code & daytime telephone number)
	(Name of person) (Ar	ea code & daytime telephone number)
Enclosed	sed is a \$35.00 check made payable to the Depa	
Amenda Division P.O. Box	ng Address: Idment Section Ion of Corporations Iox 6327 Iox 6327 Iox 63214 I	ction porations treet



OFFICER / DIRECTOR RESIGNATION

I, GERALYN FORTNEY, her	reby resign as SECRETARY (Title)		
of GATE SYSTEMS UNLIMITED, INC. (Name of Corporation)			
a corporation organized under the laws of the State of	FLORIDA		
and affirm that the corporation has been notified in writing of the resignation.			
(Signature of resigning officer/director)			
\mathcal{O}	<i>(</i> /		

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314