

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90068 050 ***150.00

0322559 AV

DOCUMENT # P96000057174

1. Entity Name
GATEHOUSE TECHNOLOGIES, INC.

Principal Place of Business
304 SW 9 ST
FORT LAUDERDALE FL 33315

Mailing Address
304 SW 9 ST
FORT LAUDERDALE FL 33315

021001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
621 SW 21st Terrace

3. Mailing Address
1126 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.
BAY # 8

Suite, Apt. #, etc.
STE - 202

City & State
Fort LAUDERDALE

City & State
FT LAUDERDALE

4. FEI Number
65-0683710

Applied For
 Not Applicable

Zip
FL Country
33312-US

Zip
FL Country
33316-US

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

RUNSTAD, LAWRENCE D
304 SW 9TH STREET
FORT LAUDERDALE FL 33315

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P RUNSTAD, LARRY 304 SW 9 ST FT LAUDERDALE FL 33315	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 (954) 524-0406
 Date Daytime Phone #

CR2E034 (9/01)