

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0478705 AV

04-09-2002 90039 033 ***150.00

DOCUMENT # **P96000058982**

1. Entity Name
WYNDGATE, INC.

Principal Place of Business Mailing Address
4600 SUMMERLIN RD P.O. BOX 1020
A4 FT MYERS FL 33919 FT MYERS FL 33902
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0684519** Applied For
 Not Applicable

Zip Country Zip Country 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

CANTISANO, LYNN W
1250 WALES DRIVE
FT MYERS FL 33901

Name
 Street Address (P.O. Box Number is Not Acceptable)
12150 CANNON LN
 City **FT MYERS** FL Zip Code **33912**

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 **LYNN W. CANTISANO** 1/11/02
Signature, or 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. **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	PT CANTISANO, LYNN W	<input type="checkbox"/> Delete
STREET ADDRESS	1250 WALES DRIVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE NAME	VS CANTISANO, JOHN B	<input type="checkbox"/> Delete
STREET ADDRESS	1250 WALES DRIVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12150 CANNON LN	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12150 CANNON LN	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, when another like empowered.

SIGNATURE: **LYNN W. CANTISANO** 1/11/02 941-561-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)