

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90226 034 ***150.00

0513543 AV

DOCUMENT # P96000058982

1. Entity Name
WYNDGATE, INC.



Principal Place of Business
**4600 SUMMERLIN RD
A4
FT MYERS FL 33919
US**

Mailing Address
**P.O. BOX 1020
FT MYERS FL 33902
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
12150 Cannon Ln
Suite, Apt. #, etc.

City & State
FT MYERS FL

Zip Country
33912 LEE

CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**CANTISANO, LYNN W
12150 CANNON LANE
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	CANTISANO, LYNN W	
STREET ADDRESS	12150 CANNON LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CANTISANO, JOHN B	
STREET ADDRESS	12150 CANNON LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn W. Cantisano* **LYNN W. CANTISANO** 5/13/03 239/ 939-7811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)