## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # **P96000075098** May 16, 2000 8:00 am Secretary of State 1. Entity Name GATESWELL, INC. 05-16-2000 90186 038 \*\*\*150.00 Principal Place of Business Mailing Address COLEMAN C. SWEET, ATTY AT LAW 8464 NW 2ND ST CORAL SPRINGS FL 33071 6113 PLANTATION RD. PLANTATION FL 33317-1213 Mailing Address 2 Principal Place of Busipess Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0749865 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required - -Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Same COLEMAN C. SWEET, ATTY AT LAW Street Address (P.Q. Box Number is Not Acceptable) C/O FARRINGTON, STE 110 1195 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PDST** ☐ Addition Change TITLE ☐ Delete BLAND, JOSEPH G NAME 8464 N.W. 2ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33071** CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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