2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000094387

1. Entity Name

MAINGATE GC, INC.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90190 029 ***150.00

				- WEST				
Principal Place of Business 203 LOOKOUT PL STE B MAITLAND FL 32751		20	ailing Address 33 LOOKOUT PL STE B AITLAND FL 32751					
2. Principal Plac	ce of Business	3.	Mailing Address		I I I I I I I I I I I I I I I I I I I	11ft 20til Built daten idere are	, , , , , , , , , , , , , , , , , , , 	1251 1251
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number 59-3417	FEI Number 59-3417160 Applied F		
			Zip Country		5. Certificate of Status Desired			
2.19]	`		7. Name and Address of New Registered Agent			
	6. Name and Ad	dress of Current Regis	stered Agent	Name				
HOLM, ERIC				Street Addres	s (P.O. Box Number is Not Acce	ptable)		
	OUT PL STE B			<u> </u>				
MAITLAND FL 32751			City			FL	Zip Code	
				1 1	tered agent or both in the State	- ,	iar with, ar	nd accept
8. The above the obligation	named entity submi ons of registered ag	is this statement for the ent.	purpose of changing its	s registered office or regis	stered agent, or both, in the State		• .	{
SIGNATURE _				TE: Registered Agent signature requ	uired when reinstating)	DATE		
		name of registered agent and titl	e if applicable. (NO	TE: Registered Agent signature requ				
After	LE NOW!!! FEE May 1, 2003 Fee	IS \$150.00 will be \$550.00 la Department of Sta	ite		9. Election Campa Trust Fund Con	tribution. LI	Ådded 1	
	Payable to Florid	OFFICERS AND DIR	ECTORS	11	ADDITIONS/CHANGES 1			IN 11
10.	D		☐ Delete	TITLE		<u> </u>) Change	
NAME	HOLM, ERIC	N OTE D		NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	203 LOOKOUT MAITLAND FL 3	2751		CITY-ST-ZIP			Change	☐ Addition
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NAME				STREET ADDRESS				
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NAME STREET ADDRESS	s			STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP	Lin Section 119.07(3)(i), Florida	Statutes, I further certif	fy that the i	nformation

12. 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 truefee 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:

SIGNATUNE REQUIRED
SCHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #