

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90780 048 \*\*\*150.00

0484192 AV

**DOCUMENT # P98000028245**

1. Entity Name  
**ECHELON GATEWAY, INC.**



Principal Place of Business  
**450 CARILLON PARKWAY  
STE 200  
ST PETERSBURG FL 33701**

Mailing Address  
**450 CARILLON PARKWAY  
STE 200  
ST PETERSBURG FL 33701**



2. Principal Place of Business

**235-320 Street South  
Suite 200**

3. Mailing Address

**235-320 Street South  
Suite 200**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

4. FEI Number **59-3500511**

Applied For  
☐ Not Applicable

Zip Country  
**33701 USA**

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**33701 USA**

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP JOHNSON, SUSAN G 450 CARILLON PARKWAY STE 200 ST PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MAGGI, JULIO 450 CARILLON PKWY. STE. 200 ST PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT WILSON, THOMAS D 450 CARILLON PARKWAY STE 200 ST PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVS CRISP, AMY L 450 CARILLON PKWY STE 200 SAINT PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STROUD, J. MARK 450 CARILLON PKWY. STE. 200 SAINT PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.P Darryl A. LeClair 235-320 Street South, Suite 200 St. Petersburg, FL 33701</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.V Julio A. Maggi 235-320 Street South, Suite 200 St. Petersburg, FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.V.T.S J. Mark Stroud 235-320 Street South Suite 200 St. Petersburg, FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE** **Mark Stroud** **4/28/03** **721-803-8212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)