

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000031932

1. Entity Name

GATEWAY OF WEST BLOOMFIELD, INC.



Principal Place of Business
**7777 GLADES ROAD #310
BOCA RATON FL 33434**

Mailing Address
**7777 GLADES ROAD #310
BOCA RATON FL 33434**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0830180

Applied For
Not Applicable

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

**SCHMIER, ROBERT J
7777 GLADES ROAD #310
BOCA RATON FL 33434**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	SCHMIER, ROBERT J	
STREET ADDRESS	7777 GLADES RD	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE	CEOS	☐ Delete
NAME	FEURRING, DOUGLAS R	
STREET ADDRESS	7777 GLADES RD	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE	T	☐ Delete
NAME	LOPEZ, KATHRYN A	
STREET ADDRESS	7777 GLADES RD	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE		☐ Delete
NAME		
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CITY - ST - ZIP		
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CITY - ST - ZIP		

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04/27/04-80073-004 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Schmier

Date

Daytime Phone #

4/27/04

561-483-8400