

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90333 005 ***150.00

DOCUMENT # P98000068556

1. Entity Name
GATEWAY TRANSPORT, INC.



Principal Place of Business
**6180 N.W. 40 STREET
CORAL SPRINGS FL 33067**

Mailing Address
**6180 N.W. 40 STREET
CORAL SPRINGS FL 33067**



2. Principal Place of Business

330 SW Panther Trace

Suite, Apt. #, etc.

Port St. Lucie, FL

City & State

3. Mailing Address

330 SW Panther Trace

Suite, Apt. #, etc.

Port St. Lucie, FL

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0853813**

Applied For

Not Applicable

Zip
34953

Country
USA

Zip
34953

Country
USA

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

6. Name and Address of Current Registered Agent

**HALL, DOLORES M
6180 N.W. 40 STREET
CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name **Hall, Dolores M.**
Street Address (P.O. Box Number is Not Acceptable)
330 SW Panther Trace
Port St. Lucie, FL
City **FL** Zip Code **34953**

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.

Dolores M. Hall (NOTE: Registered Agent signature required when reinstating)

4/17/03 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 **PSTD** ☐ Delete
NAME **HALL, ROBERT J**
STREET ADDRESS **6180 N.W. 40 STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☐ Addition
NAME **HALL, Robert J.**
STREET ADDRESS **330 SW Panther Trace**
CITY-ST-ZIP **Port St. Lucie, FL 34953**

TITLE ☐ Change ☐ Addition
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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: **Robert J. Hall** **4/17/03** **772-871-6077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E034 (10/02)