

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**  
 05-03-2002 90159 049 \*\*\*150.00

**DOCUMENT # P99000030419**

1. Entity Name  
**GATE-201, INC.**

Principal Place of Business  
**8464 N.W. 2ND STREET  
 CORAL SPRINGS FL 33071**

Mailing Address  
*d/o* **COLEMAN C. SWEET**  
**6113 PLANTATION RD  
 PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*Broward*

*Broward*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWEET, COLEMAN C  
 1195 E. OAKLAND PARK BLVD.  
 SUITE #110 C/O FARRINGTON  
 FT. LAUDERDALE FL 33306**

Name  
**COLEMAN C. SWEET**  
 Street Address (P.O. Box Number acceptable)  
**6113 Plantation Rd.  
 Plantation, FL 33317**  
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

*4/17/02*  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PDST  
 BLAND, JOSEPH G  
 8464 NW 2ND STREET  
 CORAL SPRINGS FL 33071** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like employed.

SIGNATURE:

*Joseph G. Bland*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/17/02*  
 Date

*753-7098*  
 Daytime Phone #

CR2E034 (9/01)