

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049039

1. Entity Name

GATEWAY ACCESS SYSTEMS, INC.

Principal Place of Business

191 PLEASANT WOOD DRIVE
WELLINGTON FL 33414

Mailing Address

191 PLEASANT WOOD DRIVE
WELLINGTON FL 33414-4701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FEINEN, MARTIN J III
145 YACHT CLUB WAY, #308
HYPOLUXO FL 33462

7. Name and Address of New Registered Agent

Name **FEINEN, MARTIN J III**
Street Address (P.O. Box Number is Not Acceptable)
GATEWAY CLUB
3820 MAX PLACE # 204
City **BOYNTON BEACH** FL Zip Code **33436**

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)

2/11/00
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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOAL, CHARLES P JR. 191 PLEASANT WOOD DRIVE WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINEN, MARTIN J III 145 YACHT CLUB WAY, #308 HYPOLUXO FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D FEINEN, MARTIN J. III GATEWAY CLUB 3820 MAX PLACE # 204 BOYNTON BEACH FL 33436	<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

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00
DATE

800 317-5678
Daytime Phone #

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90055 028 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)