

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90023 031 ***150.00

DOCUMENT # P99000053095

1. Entity Name

GATEWAY NETWORKS OF FLORIDA, INC.

Principal Place of Business

**200 FRANDORSON CIR., STE. 103
 APOLLO BEACH FL 33572**

Mailing Address

**200 FRANDORSON CIR., STE. 103
 APOLLO BEACH FL 33572**

2. Principal Place of Business

3. Mailing Address

210 Woodland Estates P.O. BOX 99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

RUSKIN, FL

RUSKIN, FL

Zip

Country

Zip

Country

33570

33570

4. FEI Number

59-3580848

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

BROWN, MILTON E

**200 FRANDORSON CIRCLE
 STE # 103
 APOLLO BEACH FL 33572**

**210 Woodland Estates
 RUSKIN, FL 33570**

Name

BROWN, Milton E.

Street Address (P.O. Box Number is Not Acceptable)

210 Woodland Estates

City

RUSKIN

FL

Zip Code

33570

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)

DATE

Milton E. Brown, Milton E. Brown

4/22/02

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	PTS	<input type="checkbox"/> Delete
NAME	BROWN, MILTON E	
STREET ADDRESS	200 FRANDORSON CIRCLE # 103	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, Milton E.	
STREET ADDRESS	210 Woodland Estates	
CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

Milton E. Brown, Milton E. Brown 4/22/02 641-9673

CR2E034 (9/01)