

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90743 027 ***150.00

0639489 AT

DOCUMENT # P99000053095

1. Entity Name
GATEWAY NETWORKS OF FLORIDA, INC.



Principal Place of Business
**210 WOODLAND ESTATES
RUSKIN FL 33570**

Mailing Address
**P.O. BOX 99
RUSKIN FL 33570**



2. Principal Place of Business
407 7th Street S.W.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ruskin, FL

City & State

4. FEI Number
59-3580848

Applied For
Not Applicable

Zip
33570 Country
US

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, MILTON E
210 WOODLAND ESTATES
RUSKIN FL 33570**

Name
BROWN, Milton E.

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

407 7th Street S.W.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Milton E. Brown** **Milton E. BROWN**

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
BROWN, MILTON E
210 WOODLAND ESTATES
RUSKIN FL 33570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
407 7th Street S.W.
Ruskin, FL 33570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **Milton E. Brown** **Milton E. BROWN** **4/28/03** **813 629-0189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)