

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071638

1. Entity Name

NARROW GATE, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90035 050 \*\*\*150.00

Principal Place of Business

Mailing Address

% FRANK J. GALLO  
19785 MIDWAY BLVD.  
PORT CHARLOTTE FL 33948

% FRANK J. GALLO  
19785 MIDWAY BLVD.  
PORT CHARLOTTE FL 33948-6219

2. Principal Place of Business

1066 CONGRESS ST.

3. Mailing Address

1066 CONGRESS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT CHARLOTTE FL.

PORT CHARLOTTE FL.

Zip

Country

Zip

Country

33952

USA

33952

USA

4. FEI Number

65-0940009

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

GALLO, FRANK J

~~19785 MIDWAY BLVD.~~ 1066 CONGRESS ST.  
~~PORT CHARLOTTE FL 33948~~ PORT CHARLOTTE FL.  
33952

Name

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

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GALLO, FRANK J  
STREET ADDRESS 19785 MIDWAY BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1066 CONGRESS ST.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ Delete  
NAME GALLO, ROSEMARY V  
STREET ADDRESS 19785 MIDWAY BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE V. PRES ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1066 CONGRESS ST.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

2/17/2000 (941) 743-6053

CR2E034 (9/99)