

DOCUMENT # P99000083826

1. Entity Name

GATEWIND, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-20-2000 90088 042 ***150.00

Principal Place of Business

Mailing Address

1250 WALES DR.
FT. MYERS FL 339011250 WALES DR.
FT. MYERS FL 33901-7740

2. Principal Place of Business

10900 DANIELS PKWY

3. Mailing Address

Suite, Apt. #, etc.

#34

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

Zip

33912

Country

USA

Zip

Country

4. FEI Number

1050951026

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional-
 Fee Required


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 CANTISANO, LYNN W
 1250 WALES DR.
 FT. MYERS FL 33901

7. Name and Address of New Registered Agent

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

 TITLE PT
 NAME LYNN W CANTISANO ☐ Delete
 STREET ADDRESS 1250 WALES DR
 CITY-ST-ZIP FT MYERS FL 33901

 TITLE VS
 NAME JOHN B "CHIP" CANTISANO ☐ Delete
 STREET ADDRESS 1250 WALES DR.
 CITY-ST-ZIP FT MYERS FL 33901

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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 #

CR2E034 (9/99)