

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084456

1. Entity Name

GATE PACKAGES UNLIMITED, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90359 016 ***150.00

Principal Place of Business

Mailing Address

~~1460 GOLDEN GATE PKWY. #103~~
~~NAPLES FL 34105~~

~~1460 GOLDEN GATE PKWY. #103~~
~~NAPLES FL 34105~~

6120 STATE RD. 66
SEBRING, FL 33875

2. Principal Place of Business

3. Mailing Address

6120 STATE RD 66

6120 STATE RD 66

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SEBRING, FL

SEBRING, FL

City & State

City & State

33875

(HIGHLANDS)

33875-5942

Zip

County

Zip

Country

USA

4. FEI Number

59-3608097

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

RHOADES, CLIFFORD R
227 NORTH RIDGEWOOD DRIVE
SEBRING FL 33870

Name

TERRY J. WENZEL

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

6120 STATE RD 66

City

SEBRING

FL

Zip Code

33875

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, 2001 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	<input type="checkbox"/> Delete
NAME	WENZEL, TERRY J	
STREET ADDRESS	1460 GOLDEN GATE PKWY. #103	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3/4/01 9414957428

Daytime Phone #

CR2E034 (10/00)