

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90050 038 \*\*\*150.00

0170180 AV

**DOCUMENT # P99000088042**

1. Entity Name  
**ISLAND GATEWAY, INC.**

Principal Place of Business <b>1000 S. DIXIE HWY..UNIT 5          POMPAÑO BEACH FL 33060</b>	Mailing Address <b>1000 S. DIXIE HWY..UNIT 5          POMPAÑO BEACH FL 33060</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0967331**

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

**CUMMINGS, HILDAMAR  
 3080 N. COURSE DR., #108 5  
 POMPAÑO BEACH FL 33069**

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 \_\_\_\_\_ (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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D CUMMINGS, HILDAMAR 3080 N COURSE DRIVE, #108 POMPAÑO BEACH FL 33069</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D CUMMINGS, PHILLIP 1 LAS OLAS CIRCLE, #1205 FORT LAUDERDALE FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D CUMMINGS PHILLIP 12103 NW 19 ST. PLANTATION, FL 33323</b>
<input type="checkbox"/> Delete	<b>D CUMMINGS, CHRIS 1143 SW 9TH COURT PEMBROKE PINES FL 33023</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D CUMMINGS, HOWARD 3080 N COURSE DRIVE, #108 POMPAÑO BEACH FL 33069</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: HOWARD CUMMINGS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 954-536-1008  
 Date Daytime Phone #

CR2E034 (9/01)