2002 UNIFORM BUSINESS REPORT (UBR)

0035153 AV

DOCUMENT # P99000089975

1. Entity Name
GATEWAY INVESTMENT PARTNERS, INC.

FILED
02 APR 30 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
830 SOUTH THIRD STREET	830 SOUTH THIRD STREET
SUITE 205	SUITE 205
JACKSONVILLE BEACH FL 32250	JACKSONVILLE BEACH FL 32250

2. Principal Place of Business	3. Mailing Address
13500 Sutton Park Drive South	13500 Sutton Park Drive S.
Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32224 Country USA	Zip 32224 Country

4. FEI Number 59-3603333 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PITCAIRN, JAMES R III
830 SOUTH THIRD STREET
SUITE 205
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name JAMES R PITCAIRN
Street Address (P.O. Box Number is Not Acceptable) 13500 SUTTON PARK DRIVE South
Suite 204
City Jacksonville, FL FL Zip Code 32224

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] DATE 4/20/2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	☐ Delete
NAME	PITCAIRN, JAMES R III	
STREET ADDRESS	830 SOUTH THIRD STREET SUITE 205	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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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		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-05/14/02--01064--006
****325.00 ****150.00

T8

CR2E034 (9/01)

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 REQUIRED [signature] Date 4/20/2002 Daytime Phone # 904-982-0727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR