2000 UNIFORM BUSINESS REPORT (UBR)

9/22/00-90004-049-$550.00-$550.00

DOCUMENT # P99000104825

1. Entity Name
GATOR POWER, INC.

FILED

01 JAN 31 PM 2:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1209 EAST BEARSS AVE. LUTZ FL 33594	1209 EAST BEARSS AVE. LUTZ FL 33594

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number 59-3614685 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GATEWOOD, CLIFFORD K
1209 EAST BEARSS AVE.
LUTZ FL 33594

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

DATE 1-19-01

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME GATEWOOD, CLIFFORD K STREET ADDRESS 2719 CORSBY RD. CITY-ST-ZIP VALRICO FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME GATEWOOD, DEBORAH L STREET ADDRESS 2719 CROSBY RD. CITY-ST-ZIP VALRICO FL 33594	☐ Delete	TITLE NAME REINSTATEMENT 00-01 STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME GATEWOOD, MICHAEL J STREET ADDRESS 2201 DAVID EARL DR. CITY-ST-ZIP CHARLOTTE NC 28213	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME GATEWOOD, JODIE L STREET ADDRESS 2201 DAVID EARL DR. CITY-ST-ZIP CHARLOTTE NC 28213	☐ Delete	80000365508 6 -02/07/01--01021---006 ****350.00 ****350.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (5/00)