

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90059 015 ***150.00

DOCUMENT # 345187

1. Entity Name
CHIPOLA PROPANE GAS COMPANY INC

Principal Place of Business 4055 OLD COTTONDALE RD PO BOX 562 MARIANNA FL 32447	Mailing Address 4055 OLD COTTONDALE RD PO BOX 562 MARIANNA FL 32447
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1237923		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CROOMS HARDY, VERA MAE 4055 OLD COTTONDALE RD MARIANNA FL 32446				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 _____
Signature, typed or printed name of registered agent and title if applicable.

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
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	CAPLINGER, BELINDA S.			NAME			
STREET ADDRESS	4073 OLD COTTONDALE RD			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32446			CITY-ST-ZIP			
TITLE	VD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	HARDY, DONALD A			NAME			
STREET ADDRESS	4055 OLD COTTONDALE RD			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32446			CITY-ST-ZIP			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	CROOMS, VERA MAE			NAME			
STREET ADDRESS	4055 OLD COTTONDALE RD			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32446			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	HARDY, SIDNEY			NAME			
STREET ADDRESS	4055 OLD COTTONDALE RD			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32446			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Donald A. Hardy **Donald A. Hardy, Vice Pres** 11-28-02 (850) 526-2651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)