## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 345187

1. Entity Name

CHIPOLA PROPANE GAS COMPANY INC



## Jul 07, 2003 8:00 am Secretary of State 07-07-2003 90143 024 \*\*\*550.00

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	ce of Business DTTONDALE RD L 32447	Mailing Address 4055 OLD COTTONDALE RI PO BOX 562 MARIANNA FL 32447	D .				
	Place of Business  ld Cottondale Rd	3. Mailing Address		- T (BOTOD (1)1)) DIODE DIVAT (1807 (DIV) (BOT DIDI) DIDI 	IA BIBA 61611 ALBI 1061		
Suite, Apt.	<del></del>	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHA	ANGES		
City & Stat Mariant		City & State		4. FEI Number 59-1237923	Applied For Not Applicable		
Zip <b>32446</b> -	Country -0562	Zip 3244700562	Country		<b>75</b> Additional Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CROOMS HARDY, VERA MAE			Name	Name			
	COTTONDALE RD		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	A FL 32446		<u> </u>				
WINT WATER	V. I E VETTV				Zia Codo		
			City	FL   <sup>z</sup>	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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE							
3	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signature requir	d when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  * Make Check Payable to Florida Department of State  9. Election Campaign Financing  Trust Fund Contribution.   Added to Fees							
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAPLINGER, BELINDA S. 1 4073 OLD COTTONDALE RD MARIANNA FL 32446	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDY, DONALD A 4055 OLD COTTONDALE RD MARIANNA FL 32446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗀 Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD CROOMS, VERA MAE 4055 OLD COTTONDALE RD MARIANNA FL 32446	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDY, SIDNEY 4055 OLD COTTONDALE RD MARIANNA FL 32446	☐ 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
12. 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 prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.							