

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90483 038 ***150.00

10316433 AV

DOCUMENT # **P95000034417**

1. Entity Name
TOTAL GAS & ELECTRIC, INC.

Principal Place of Business Mailing Address
~~2101 N. ANDREWS AVE.~~ ~~2101 N. ANDREWS AVE.~~
~~#104~~ ~~#104~~
~~FT. LAUDERDALE FL 33311~~ ~~FT. LAUDERDALE FL 33311~~



2. Principal Place of Business 3. Mailing Address
750 Highway 34 **750 Highway 34**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MATAWAN, NJ **MATAWAN, NJ** **65-0584022** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
07747 USA **07747 USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY Name
1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301 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 _____ DATE _____
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!!! FEES \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC SEVIN, IRIK P 450 PARK AVE. NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR/DIRECTOR SEVIN, IRIK 450 PARK AVE NEW YORK, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARATZ, PHILLIP 2101 N ANDREWS AVE #104 FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARATZ, Phillip TOTAL GAS + ELECTRIC 750 HIGHWAY 34 MATAWAN, NJ 07747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDDEN, RICHARD 2101 N. ANDREWS AVE. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDDEN, RICHARD 450 PARK Avenue NEW YORK, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEIBOWITZ, GEORGE 2187 ATLANTIC ST. STAMFORD CT 06902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/DIRECTOR KINNEARY, Bill TOTAL GAS + ELECTRIC 750 HIGHWAY 34 MATAWAN, NJ 07747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEVIN, AUDREY L 2187 ATLANTIC ST. STAMFORD CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ambury, RICHARD F 450 PARK AVE NEW YORK, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHAPIRO, ALAN 666 FIFTH AVE., 28TH FLOOR NEW YORK NY 10103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/TREASURER TRAUBER, Ami 2187 Atlantic St STAMFORD, CT 06902 <input type="checkbox"/> Change <input checked="" 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: *William Kinneary* **3/24/02** **732-765-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
BILL KINNEARY, CEO

CR2E034 (9/01)