

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90314 011 \*\*\*150.00

**DOCUMENT # P95000043873**  
 1. Entity Name  
**GAS CONTRACTORS, INC.**

Principal Place of Business      Mailing Address  
**5641 PLUNKETT ST.**      **6321 S.W. 186 WAY**  
**HOLLYWOOD FL 33021**      **FT. LAUD FL 33332**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**5100 SW 188 AVE**  
 City & State      City & State  
**SOUTHWEST RANCHES, FL**  
 Zip      Country      Zip      Country  
**33332**      **USA**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LANHAM, DAVE**  
**6321 S.W. 186 WAY**  
**FT. LAUD FL 33332**

7. Name and Address of New Registered Agent  
 Name  
**BUD TWYFORD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5100 SW 188 AVE**  
 City      State      Zip Code  
**SOUTHWEST RANCHES FL 33332**

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: **4/11/02**  
Signature of the principal agent or registered agent, and 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>LANHAM, DAVE</b> <b>6321 S.W. 186 WAY</b> <b>FT. LAUD FL 33332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete <b>TWYFORD, BUD</b> <b>6321 S.W. 186 WAY</b> <b>FT. LAUD FL 33332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete <b>LANHAM, KAYE</b> <b>6321 S.W. 186 WAY</b> <b>FT. LAUD FL 33332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP <input type="checkbox"/> Delete <b>HARRIS, MERRIL P</b> <b>6321 S.W. 186 WAY</b> <b>FT. LAUD FL 33332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT/SEC.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LANHAM, DAVE</b> <b>5100 SW 188 AVE</b> <b>SOUTHWEST RANCHES, FL 33332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/TREAS/DIR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TWYFORD, BUD</b> <b>5100 SW 188 AVE</b> <b>SOUTHWEST RANCHES, FL 33332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 another like empowered.

SIGNATURE:      **BUD TWYFORD**      DATE: **4/11/02**      DAYTIME PHONE #: **954-680-3979**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)