

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 03, 2001 8:00 am**
Secretary of State

02-03-2001 90023 042 ***150.00

DOCUMENT # P99000109414**1. Entity Name**
COCOA GAS, INC.**Principal Place of Business**
1301 BEVILLE ROAD UNIT 19
DAYTONA BEACH FL 32119**Mailing Address**
1301 BEVILLE ROAD UNIT 19
DAYTONA BEACH FL 32119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1301 Beville Road Suite, Apt. #, etc. Unit 7 City & State Daytona Beach, FL Zip 32119 Country U.S.A.	3. Mailing Address 1301 Beville Road Suite, Apt. #, etc. Unit 7 City & State Daytona Beach, FL Zip 32119 Country U.S.A.
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4. FEI Number 59-3622662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**AMENDOLAGINE, MARILYN**
1301 BEVILLE ROAD UNIT 19
DAYTONA BEACH FL 32119**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	AMENDOLAGINE, MICHAEL	
STREET ADDRESS	1301 BEVILLE ROAD UNIT 19	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	VST	<input type="checkbox"/> Delete
NAME	AMENDOLAGINE, MARILYN	
STREET ADDRESS	1301 BEVILLE ROAD UNIT 19	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ricardo Mulaterra	
STREET ADDRESS	821 Spring Park Loop	
CITY-ST-ZIP	Celebration, FL 34747	
TITLE	VST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Amendolagine	
STREET ADDRESS	1301 Beville Road Unit 7	
CITY-ST-ZIP	Daytona, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01
Date904-322-0673
Daytime Phone #

CR2E034 (10/00)