2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 185644 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** LIBERTY GAS CORP. 03-31-2000 90043 033 ***150.00 Principal Place of Business Mailing Address 5881 PEMBROKE ROAD 5881 PEMBROKE ROAD HOLLYWOOD FL 33023 HOLLYWOOD FL 33023-2339 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0777800 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired. П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLANDER, ROBERT P Street Address (P.O. Box Number is Not Acceptable) 5881 PEMBROKE RD HOLLYWOOD FL 33023 Zip Code FL 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. - After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. -Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete HOLLANDER, ROBERT P NAME STREET ADDRESS STREET ADDRESS 5881 PEMBROKE ROAD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 Addition 🔀 Delete Change TITLE TITLE MARTIN, TRACY H NAME NAME STREET ADDRESS STREET ADDRESS 5881 PEMBROKE ROAD CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL 33023 Addition ☐ Change TITI F TITLE ☐ Delete HOLLANDER, MICHAEL A NAME NAME STREET ADDRESS STREET ADDRESS 5881 PEMBROKE RD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change Addition TITLE 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 to 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: