FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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IE OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2002 8:00 am DOCUMENT # 332086 **Secretary of State** 1. Entity Name 02-28-2002 90020 005 ***150.00 SAMS L.P. GAS COMPANY Mailing Address Principal Place of Business 8222 \$ ORANGE AVE 8222 S ORANGE AVE PO BOX 593641 PO BOX 593641 ORLANDO FL 32859-0641 ORLANDO FL 32859-3641 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1215549 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMS, RANDAL J Street Address (P.O. Box Number is Not Acceptable) 8222 S ORANGE AVE ORLANDO FL 32809 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME SAMS, RANDAL J. STREET ADDRESS STREET ADDRESS 3118 ZAHARIAS DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Addition TITLE ☐ Delete TITLE Change STD NAME NAME SAMS, KAREN STREET ADDRESS STREET ADDRESS 3118 ZAHARIAS DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME - - -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition TITLE ☐ Delete TITLE ☐ Change NAME 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 leport 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered