

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90105 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 345129					
1. Entity Name LINDA JO'S BOTTLE GAS COMPANY					
Principal Place of Business 3711 TROUT RIVER BLVD. JACKSONVILLE FL 32208			Mailing Address 3711 TROUT RIVER BLVD. JACKSONVILLE FL 32208		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1230449				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DINGMAN, RAYMOND SR 5923 SOUTEL DRIVE JACKSONVILLE FL 32209			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE 7-9-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when missing)					
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		TITLE	☐ Change ☐ Addition	
NAME	DINGMAN, RAYMOND, SR.		NAME		
STREET ADDRESS	5923 SOUTEL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP		
TITLE	V		TITLE	☐ Change ☐ Addition	
NAME	DINGMAN, RAYMOND, JR.		NAME		
STREET ADDRESS	5923 SOUTEL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP		
TITLE	ST		TITLE	☐ Change ☐ Addition	
NAME	DEXTER, RAE-H		NAME		
STREET ADDRESS	5923 SOUTEL DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP		
TITLE	Y		TITLE	☐ Change ☐ Addition	
NAME	DINGMAN, MELISSA		NAME		
STREET ADDRESS	5923 SOUTEL DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7-9-03 Daytime Phone # 904-765-4283					

CR2E034 (4/03)

Attachment

Evelyn Noel - Accountant

80139924
345129

Member National Association of Public Accountants
=====

3711 Trout River Blvd.
Jacksonville, Florida 32208
Telephone 768-6486
Fax 764-1881

August 13, 2003

Florida Dept of State
Honorable Glenda E Hood
Secretary of State
P O Box 6327
Tallahassee Florida 32314

re; Linds Jos Bottle Gas

Gentlemen:

In reference to the above mentioned Corporation and in reference to the renewal of the Corporation, this is the first notice we have received from your office regarding the renewal of the Linda Jos Bottle Gas for year 2003.

We are enclosing our check in the amount of \$150 to cover the cost of renewal. Thanking you in advances.

Sincerely,

Evelyn Noel
Evelyn Noel

cc; file