

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90466 018 ***150.00

DOCUMENT # 415122

1. Entity Name
TRU-GAS OF FLORIDA, INC.

Principal Place of Business
206 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

Mailing Address
206 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

2. Principal Place of Business
ARROWOOD MANUFACTURED HOME COMM.
 Suite, Apt. #, etc.
3500 FELL ROAD

3. Mailing Address
P.O. BOX 429
 Suite, Apt. #, etc.

City & State
WEST MELBOURNE, FL

City & State
LA CROSSE, WI

Zip
32901 Country
USA

Zip
54602-0429 Country
USA

4. FEI Number
59-1443725

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODGERS, W EMMITT
206 EAST NEW HAVEN DRIVE
MELBOURNE FL

7. Name and Address of New Registered Agent

Name
BRUCE BARDO
 Street Address (P.O. Box Number is Not Acceptable)
3500 FELL ROAD
 City
WEST MELBOURNE FL Zip Code
32901

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 Bruce A. Bardo 4-30-02
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	LINTON, RICHARD A.		NAME	HISER, VONA J	
STREET ADDRESS	520 RIDERS CLUB ROAD		STREET ADDRESS	1118 SEILER LANE	
CITY-ST-ZIP	ONALASKA WI		CITY-ST-ZIP	LA CROSSE, WI 54601	
TITLE	PDC	☐ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	SENTY, JAMES A.		NAME	SENTY, PAUL J	
STREET ADDRESS	1107 CLIFFWOOD LANE		STREET ADDRESS	8646 GREENWAY BLVD, #204	
CITY-ST-ZIP	LACROSSE WI		CITY-ST-ZIP	MIDDLETON, WI 53562	
TITLE	DVS	☒ Delete	TITLE	AS	☐ Change ☒ Addition
NAME	SENTY, JOHN L.		NAME	BARDO, BRUCE	
STREET ADDRESS	207 WARREN ST.		STREET ADDRESS	443 SUN DANCE ST	
CITY-ST-ZIP	INDEPENDENCE WI		CITY-ST-ZIP	W MELBOURNE, FL 32904	
TITLE	AS	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	HISER, VONA J.		NAME	ROBERT GORHAM	
STREET ADDRESS	1118 SEILER LANE		STREET ADDRESS	211 DION	
CITY-ST-ZIP	LA CROSSE WI		CITY-ST-ZIP	MORA, MN 55051	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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: Richard A. Linton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD A. LINTON, TREASURER

4-30-02 608-781-1010
 Date Daytime Phone #

CR2E034 (9/01)