Mar 07, 2003 8:00 am & Secretary of State

FILED

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

415122 DOCUMENT

1. Entity Name



03-07-2003 90131 029 ***150.00 TRU-GAS OF FLORIDA, INC. Principal Place of Business Mailing Address ARROWOOD MANUFACTURED HOME COMM. P.O. BOX 429 3500 FELL ROAD LA CROSSE WI 54602-0429 WEST MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address ARROWOOD MANUFACTURED HOME COMM. P.O. BOX 429 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 3500 FELL ROAD City & State City & State 4. FEI Number Applied For 59-1443725 WEST MELBOURNE, FL LA CROSSE, WI Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32901 USA 54601 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARDO, BRUCE Street Address (P.O. Box Number is Not Acceptable) 3500 FELL ROAD WEST MELBOURNE FL 32901 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change Addition LINTON, RICHARD A. NAME NAMÉ LINTON, RICHARD A. 520 RIDERS CLUB ROAD STREET ADDRESS STREET ADDRESS 108 CALLA COURT ONALASKA WI CITY-ST-ZIP CITY-ST-ZIP ONALASKA, WI 54650 PDC TITLE ☐ Delete TITLE ☐ Addition SENTY, JAMES A NAME SENTY, JAMES A. 1107 CLIFFWOOD LANE NAME 207 WARREN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDEPENDENCE WI 53562 CITY-ST-7IP LA CROSSE, WI 54601 AS -TITLE Delete TITLE X Change ☐ Addition BARDO, BRUCE NAME BARDO, BRUCE NAME 420 BÚFFALO ST STREET ADDRESS 443 SUN DANCE ST STREET ADDRESS W MELBOURNE, FL 32904 W MELBOURNE FL 32904 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HISER, VONA J. NAME NAME 1118 SEILER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LA CROSSE WI 54601 CITY-ST-ZIP TITLE ☐ Delete X Change Addition GORHAM, ROBERT CORHAM, ROBERT NAME NAME **211 DION** STREET ADDRESS STREET ADDRESS 211 DION MORA MN 55051 CITY-ST-ZIP MORA, MN 55051 CITY-ST-ZIP TITLE □ Delete 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

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changed, or on an attachment with an address, with all other like empowered.

1-22-03

Date

608-781-1010

Daytime Phone #