

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00326300

DOCUMENT # 570417

1. Entity Name
BROWARD GAS SERVICE, INC.



FILED

03 SEP 30 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3121 N.W. 16TH TERR
POMPANO BEACH FL 33064

Mailing Address
3121 N.W. 16TH TERR
POMPANO BEACH FL 33064

2. Principal Place of Business
3301 NW 22nd Terrace

3. Mailing Address
P.O. Box 667636

Suite, Apt. #, etc.
Suite #100F

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

4. FEI Number 59-1822238

Applied For
Not Applicable

Zip
33069

Country
USA

Zip
33066-7636

Country
USA

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

6. Name and Address of Current Registered Agent

REED, RUSSELL N.
261 EAST WOODLAKE CIRCLE
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name Rolando Perez
Street Address (P.O. Box Number is Not Acceptable)
7425 S.W. 127 Court
300023417553
City Miami 09/30/03--01014--024 ** 750.00 FL 33183

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 *Rolando Perez* General Manager

9/22/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PD
NAME REED, RUSSELL N.
STREET ADDRESS 833 MONTICELLO CT.
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

TITLE STD
NAME REED, MARCIA K.
STREET ADDRESS 833 MONTICELLO CT
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Owner
NAME Robert Bruce Dye
STREET ADDRESS 5130 Executive Blvd.
CITY-ST-ZIP Fort Wayne, IN 46808 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *R. Bruce Dye*

9-19-03

(260)482-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)