

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90239 039 ***158.75

DOCUMENT # 677665

1. Entity Name
COMMUNITY LP GAS COMPANY



Principal Place of Business
9550 PENSACOLA BLVD.
C/O HAMPTON E. SASSER, SR.
PENSACOLA FL 32534-1238

Mailing Address
9550 PENSACOLA BLVD.
C/O HAMPTON E. SASSER, SR.
PENSACOLA FL 32534-1238

90021812



2. Principal Place of Business

3. Mailing Address

P.O. BOX 9129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Columbus MS

4. FEI Number **59-2012582**

Applied For

Not Applicable

Zip

Country

Zip

Country

39705

USA

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

SASSER, HAMPTON E., SR.
9550 PENSACOLA BLVD.
PENSACOLA FL 32534

Name **RICHARD M SASSER**

Street Address (P.O. Box Number is Not Acceptable)

9550 Pensacola Blvd

City **Pensacola**

FL

Zip Code **32534**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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** ☒ Delete
NAME **SASSER, HAMPTON E., SR.**
STREET ADDRESS **9550 PENSACOLA BLVD.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **President** ☒ Change ☐ Addition
NAME **J. NOTIC DOWLE**
STREET ADDRESS **2413 HIGHWAY 45 NORTH**
CITY-ST-ZIP **Columbus MS 39705**

TITLE **V** ☒ Delete
NAME **SASSER, NELL F.**
STREET ADDRESS **4530 DEERFIELD ROAD**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **President** ☒ Change ☐ Addition
NAME **GARY DENNIS**
STREET ADDRESS **2413 HIGHWAY 45 NORTH**
CITY-ST-ZIP **Columbus MS 39705**

TITLE **ST** ☒ Delete
NAME **SASSER, RICHARD M**
STREET ADDRESS **435 WEEPING WILLOW**
CITY-ST-ZIP **MOLINO FL 32577**

TITLE **SECRETARY / TREASURER** ☒ Change ☐ Addition
NAME **John BOWEN**
STREET ADDRESS **2413 HIGHWAY 45 NORTH**
CITY-ST-ZIP **Columbus MS 39705**

TITLE **SRV** ☒ Delete
NAME **SASSER, H E, JR**
STREET ADDRESS **1031 OAKVIEW DR**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

662-328-2080

Date

Daytime Phone #

CR2E034 (10/02)