## FILED Jun 02, 2002 8:00 am Secretary of State 05-02-2002 90055 005 \*\*\*150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F000000  1. Entity Name  Entex Gas Resources		- UUUxU			
21 HEX WAS NESWITCES					
DO NOT WRITE IN THIS SPACE				÷	
2. Principal Place of Business 3. Mailing Address 47		4567	·		
Suite, Apt. #, etc.	Suite. Apt. #. etc.		DO NOT V	DO NOT WRITE IN THIS SPACE	
Trouston Tx Trouston T		<del>,</del>	1-74:1815597	Applied For Not Applicable	
Zip 1002 - Country SA	77210	Coupling	_5Certificate of Status Desire	ree Required	
Name and Address of Current Registered Agent  Name CT Corporation Systems  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  1200 South Pine Island Rd  City Plantation FL 339324					
8. The above numed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florido.  SIGNATURE  Squalure, typed or printed number of registered agent and ideal applicable.  (NOTE: Registered Agent algorithm registered agent, or both, in the State of Florido.  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS					
THE DIRECTOR, CHAIRMAN		TITLE		arteniuser Tarteniuser Tartenius	
STREET ADDRESS DAVIA M. McCLANIA	inan NTx 77012	STREET ADDRESS.			
TITLE DIVECTOR, President NAME STREET ADDRESS Wayne D. Stinnett		TITLE  LIAME  STREET ADDRESS  CITY-ST-ZIP			
MME Rollie Ga Bohall		JAME.			
CITY-ST-ZIP III LONISTANA HO	uston Tx 77002	STREET ADDRESS CTTY-ST-7/P	DO NOT	WRITE	
Secretary Sirest address CITY-SI-7P  IIII LOUISIANA HO	mstar Tr 7700	TITLE NAME STREET ADDRESS CITY ST-709	IN THIS	SPACE	
TYPES UTET STREET ADDRESS MAY C KILBRIDE (	ouston Tx 77002	TITLE NAME STREET AUGUSESS CUTY-ST-200			
TITLE NAME STREET ADDRESS DITY-SI-ZIP THE ASST. Treasurer Geiger LOWISIANA HOL		TITLE: NAME STREET ADDRESS CITY-ST-219			
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 each; that I am an officer or director of the corporation or the receiver or trustee emplowered to a facute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other the impowered.  APR 1.7 2002 (713) 207-3000					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date					