

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90056 048 ***150.00

03/18/02 AV

DOCUMENT # F01000001038

1. Entity Name

UNION INDUSTRIAL GAS & SUPPLY, INC.

Principal Place of Business

**1601 ELM STREET, SUITE 300
DALLAS TX 75201**

Mailing Address

**1601 ELM STREET, SUITE 300
DALLAS TX 75201**

2. Principal Place of Business

4545 Fuller Drive

Suite, Apt. #, etc.

336

City & State

Irving, TX

Zip

75038

Country

Dallas

3. Mailing Address

4545 Fuller Drive

Suite, Apt. #, etc.

336

City & State

Irving, TX

Zip

75038

Country

Dallas



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2826988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST.
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELLIS, JEFF S	
STREET ADDRESS	4545 FULLER DRIVE, #336	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, KEITH	
STREET ADDRESS	1601 ELM STREET, SUITE 300	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, MICHAEL	
STREET ADDRESS	1601 ELM STREET, SUITE 300	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	TS	<input type="checkbox"/> Delete
NAME	OSLEN, JOHN	
STREET ADDRESS	4545 FULLER DRIVE, #336	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BOBER, MONICA	
STREET ADDRESS	1601 ELM STREET, SUITE 300	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOWELL, JAMES E	
STREET ADDRESS	1601 ELM STREET, SUITE 300	
CITY-ST-ZIP	DALLAS TX 75201	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-02

972-993-5200

CR2E034 (9/01)