

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0161303 AV

DOCUMENT # F44627

1. Entity Name
FLORIDA GAS TERMINALS, INC.

04-11-2002 90014 031 ***150.00

Principal Place of Business
C/O T.M. JACOBSEN
437 NORTH KROME AVENUE
HOMESTEAD FL 33030

Mailing Address
C/O T.M. JACOBSEN
437 NORTH KROME AVENUE
HOMESTEAD FL 33030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2128636		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACOBSEN, T.M. 437 NORTH KROME AVENUE HOMESTEAD FL 33030		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: _____ (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD	TITLE	
NAME	JACOBSEN, MILDRED	NAME	
STREET ADDRESS	437 N KROME AVE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 00000	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	JACOBSEN, TM	NAME	
STREET ADDRESS	437 N KROME AVE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 00000	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	LAVENE, KATRINA J	NAME	
STREET ADDRESS	437 N KROME AVE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 *305*
 Date Daytime Phone #

CR2E034 (9/01)