## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # J41208** Feb 10, 2000 8:00 am 1. Entity Name **Secretary of State** HOMETOWN GAS INC. 02-10-2000 90022 036 \*\*\*150.00 Principal Place of Business Mailing Address 1223 HWY 129, NORTH 114 HATLEY STREET P.O. BOX 625, N/A P.O. BOX 625. N/A JASPER FL 32052 JASPER FL 32052-0625 lus 3. Mailing Address 2. Principal Place of Business POBOX 625 223 HWY ITT WORTH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2716966 Jaspel Not Applicable Jaspe/ <sup>-</sup>Country \$8.75 Additional 5. Certificate of Status Desired 32052 Hamilton Fee Required Hamilton 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent W. Wood Jr. MARTIN W. WOOD, SR. Street Address (P.O. Box Number is Not Acceptable) 1223 HWY 129, NORTH P. O. DRAWER O 1223 HWY 129 North JASPER FL 32052 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TIT! F WOOD, MARTIN W., SR. Martin W. wood 51 NAME 1223 HWY 129 North STREET ADDRESS 1223 HWY 129 NORTH STREET ADDRESS Jasper Fl 32052 CITY-ST-7IP CITY-ST-ZIP Jasper FL DP ☐ Addition TITLE Ronald w. Most NAME WOOD, VONNIE L. 1223 HWY 129 North STREET ADDRESS STREET ADDRESS 1223 HWY 129 NORTH Jusper F1-32052 CITY-ST-ZIP CITY-ST-ZIP Jasper Fl ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP