## 2000 UNIFORM BUSINESS REPORT (UBR)

### **DOCUMENT # J97353**

1. Entity Name

**BK-GAS COMPANY** 

# **FILED** Feb 11, 2000 8:00 am Secretary of State

02-11-2000 90024 026 \*\*\*150.00

SEMINOLE FL 337 US  2. Principal Place Suite, Apt. #, City & State Zip  KENT, 1936 B CLEAR  8. The above not SIGNATURE Fig. 9. This corpora Tax filling req (See criteria 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  V	Country  6. Name and Address of Curre  WILLIAM L. BARRINGTON DRIVE WEST RWATER FL 33763  amed entity submits this statement  Ignature, typed or printed name of registered age ation is eligible to satisfy its Intangil quirement and elects to do so.	t for the purpose of changing in the purpose of	Country  Name Street Addre	4. FEI Numbe  5. Certificate  7. Name and  ss (P.O. Box Numbe  stered agent, or both  uired when reinstating)  10. Ele Trus	of Status Desired  Address of New Register  r is Not Acceptable)  h, in the State of Florida.  ction Campaign Financingst Fund Contribution.	\$8.75 Fee Receivered Agent  Date  Date	Applied Fo
Suite, Apt. #, City & State Zip  KENT, 1936 E CLEAR  8. The above na SIGNATURE  9. This corpora Tax filing req (See criteria  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Country  6. Name and Address of Curre  WILLIAM L. BARRINGTON DRIVE WEST  RWATER FL 33763  amed entity submits this statement  agnature, typed or printed name of registered age  ation is eligible to satisfy its Intangili  quirement and elects to do so.  on back)  OFFICERS AN	Suite, Apt. #, etc.  City & State  Zip  Int Registered Agent  It for the purpose of changing in the pu	Name Street Addre  City  OTE: Registered Agent signature registered Agent r	4. FEI Numbe  5. Certificate  7. Name and  ss (P.O. Box Numbe  stered agent, or both  uired when reinstating)  10. Ele Trus  State	DO NOT WRITE IN 159-2859326 of Status Desired Address of New Register is Not Acceptable)  h, in the State of Florida. ction Campaign Financinst Fund Contribution.	\$8.75 Fee Receivered Agent  Date  Date	Applied Fo
City & State  Zip  KENT, 1936 E CLEAR  8. The above na  SIGNATURE  9. This corpora Tax filing req (See criteria  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Country  6. Name and Address of Currel  WILLIAM L. BARRINGTON DRIVE WEST  RWATER FL 33763  amed entity submits this statement  ignature, typed or printed name of registered age  ation is eligible to satisfy its Intangili quirement and elects to do so.  on back)  OFFICERS AN	City & State  Zip  Int Registered Agent  It for the purpose of changing in	Name Street Addre  City  OTE: Registered Agent signature registered Agent r	5. Certificate  7. Name and  ss (P.O. Box Numbe  stered agent, or both  uired when reinstating)  10. Ele Trus	of Status Desired  Address of New Register  r is Not Acceptable)  h, in the State of Florida.  ction Campaign Financingst Fund Contribution.	\$8.75 Fee Receivered Agent  Zip	Additional puired  Code  Code
KENT, 1936 B CLEAR  8. The above not see the second of the	WILLIAM L. BARRINGTON DRIVE WEST RWATER FL 33763  amed entity submits this statement ignature, typed or printed name of registered age ation is eligible to satisfy its Intangili quirement and elects to do so. on back)  OFFICERS AN	zip  zip  zint Registered Agent  t for the purpose of changing in the purpo	Name Street Addre  City  OTE: Registered Agent signature registered Agent r	5. Certificate  7. Name and  ss (P.O. Box Numbe  stered agent, or both  uired when reinstating)  10. Ele Trus	of Status Desired  Address of New Register  r is Not Acceptable)  h, in the State of Florida.  ction Campaign Financingst Fund Contribution.	Fee Received Agent  FL Zip	Additional juired  Code  Code
KENT, 1936 E CLEAR  8. The above not see the second of the	WILLIAM L. BARRINGTON DRIVE WEST RWATER FL 33763  amed entity submits this statement ignature, typed or printed name of registered age ation is eligible to satisfy its Intangili quirement and elects to do so. on back)  OFFICERS AN	t for the purpose of changing in the purpose of	Name Street Addre  City  OTE: Registered Agent signature registered Agent r	7. Name and ss (P.O. Box Numbe stered agent, or both uired when reinstating) 10. Eie Trus	Address of New Register is Not Acceptable)  n, in the State of Florida.  ction Campaign Financingst Fund Contribution.	Fee Received Agent  FL Zip	Additional juired  Code  Code
KENT, 1936 B CLEAR  8. The above na SIGNATURE 9. This corpora Tax filling req (See criteria  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WILLIAM L. BARRINGTON DRIVE WEST RWATER FL 33763  amed entity submits this statement ignature, typed or printed name of registered age ation is eligible to satisfy its Intangil quirement and elects to do so. i on back)  OFFICERS AN	t for the purpose of changing interpretation of of changing	City  OTE: Registered Agent signature regions of Street Addressed Agent signature regions of Street Agent signature regions of Street Addressed Agent Addressed Agent signature regions of Street Addressed Agent Addressed Agent Street Addressed Agent Addressed Agent Street Addressed Agent	7. Name and ss (P.O. Box Numbe stered agent, or both uired when reinstating) 10. Eie Trus	Address of New Register is Not Acceptable)  In, in the State of Florida.  In the Campaign Financing St Fund Contribution.	Fee Received Agent  FL Zip	Code  Code  S5.00 iviay
1936 B CLEAR  8. The above not stated in the state of the	WILLIAM L. BARRINGTON DRIVE WEST RWATER FL 33763  amed entity submits this statement ignature, typed or printed name of registered age ation is eligible to satisfy its Intangil quirement and elects to do so. i on back)  OFFICERS AN	t for the purpose of changing interpretation of of changing	City  OTE: Registered Agent signature regions of Street Addressed Agent signature regions of Street Agent signature regions of Street Addressed Agent Addressed Agent signature regions of Street Addressed Agent Addressed Agent Street Addressed Agent Addressed Agent Street Addressed Agent	stered agent, or both uired when reinstating)  10. Eie Tru:	r is Not Acceptable)  h, in the State of Florida.  ction Campaign Financin st Fund Contribution.	FL Zip	5.00 May
8. The above nate of the state	ARRINGTON DRIVE WEST RWATER FL 33763  amed entity submits this statement agrature, typed or printed name of registered age ation is eligible to satisfy its Intangil quirement and elects to do so. OFFICERS AN	pent and title if applicable. (NO ible FILE NOV After MAY 1, 2 Make Check Pays	City  OTE: Registered Agent signature req  N!!! FEE IS \$150.00  2000 Fee will be \$550.0  able to Department of \$1.12.	stered agent, or both uired when reinstating)  10. Eie Tru: State	h, in the State of Florida.  tion Campaign Financin st Fund Contribution.	DATE	5.00 May
8. The above not structured by the structure of the struc	amed entity submits this statement ignature, typed or printed name of registered age ation is eligible to satisfy its Intangil quirement and elects to do so. If on back)	pent and title if applicable. (NO ible FILE NOV After MAY 1, 2 Make Check Pays	OTE: Registered Agent signature req  N!!! FEE IS \$150.00  2000 Fee will be \$550.0  able to Department of \$12.	upired when reinstating)  10. Ele Tru:	ction Campaign Financin st Fund Contribution.	DATE	5.00 May
SIGNATURE  9. This corpora Tax filling req (See criteria  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	agnature, typed or printed name of registered age ation is eligible to satisfy its Intangil quirement and elects to do so. on back)  OFFICERS AN	pent and title if applicable. (NO ible FILE NOV After MAY 1, 2 Make Check Pays	OTE: Registered Agent signature req  N!!! FEE IS \$150.00  2000 Fee will be \$550.0  able to Department of \$12.	upired when reinstating)  10. Ele Tru:	ction Campaign Financin st Fund Contribution.	DATE	dded to Fees
SIGNATURE  9. This corpora Tax filling req (See criteria  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	agnature, typed or printed name of registered age ation is eligible to satisfy its Intangil quirement and elects to do so. on back)  OFFICERS AN	pent and title if applicable. (NO ible FILE NOV After MAY 1, 2 Make Check Pays	OTE: Registered Agent signature req VI!! FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of \$ -12.	upired when reinstating)  10. Ele Tru:	ction Campaign Financin st Fund Contribution.	ng ~ \$	dded to Fees
9. This corpora Tax filing req (See criteria  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	ation is eligible to satisfy its Intangil quirement and elects to do so. I on back) OFFICERS AN	After MAY 1, 2  Make Check Paya	N!!! FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of \$12.	10. Ele State	ction Campaign Financin st Fund Contribution.	ng ~ \$	dded to Fees
Tax filing req (See criteria 11. TITLE INAME STREET ADDRESS CITY-ST-ZIP (	ouirement and elects to do so. on back)  OFFICERS AN	After MAY 1, 2 Make Check Paya ND DIRECTORS	2000 Fee will be \$550.0 able to Department of \$	State	st Fund Contribution.	ĪĀ	dded to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD		<del></del>	ADDITIONS/	CHANCES TO OSSICER	C AND 01000	TORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITLE		CHANGES TO OFFICER		
TITLE \	1936 BARRINGTON DR W CLEARWATER FL 3374	63	NAME TO STREET ADDRESS CITY-ST-ZIP			<b>⊡</b> Cha	nge Ľ'
STREET ADDRESS (	VSD Corona, John J., Jr. 6919 Burlington Ave. St. Petersburg Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ige .
TITLE	OI. TETERODORGIE	☐ Delete	TITLE			☐ Chai	nge 🗆 .
STREET ADDRESS CITY-ST-ZIP	<u>a lo a ‱</u> a mo	manage of the control	STREET ADDRESS CITY-ST-ZIP	A STATE OF THE STA			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge C *.:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Chai	nge 🖵 '.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS C/TY-ST-ZIP			Cha	nge 🗆 .
13. I hereby cer indicated or of the corpo changed, or	ortify that the information supplied was this report or supplemental report or state or or the receiver or trustee en or on an attachment with an addres	with this filing does not qualify rt is true and accurate and tha mpowered to execute this repo ss, with all other like empowere	for the exemption stated in at my signature shall have ort as required by Chapter ad.	n Section 119.07(3)( the same legal effec 607, Florida Statute	i), Florida Statutes. I furth t as if made under oath; s; and that my name app	ner certify that that I am an of pears in Block Daytime Pho	