

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005195

1. Entity Name
ALLY-GATOR GAS, L.C.

Principal Place of Business

~~27234 HIGH GEAR LANE~~
BONITA SPRINGS FL 34135
64 4TH ST.

Mailing Address

P.O. BOX 367356
BONITA SPRINGS FL 34135

FILED

2001 APR 27 PM 4:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

64 4th St
Apt 202B

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bonita Springs

City & State

4. FEI Number

388-48-0167

Applied For

Not Applicable

Zip

34135

Country

Lee

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, GARY K ESQ
PORTER WRIGHT MORRIS & ARTHUR
5801 PELICAN BAY BLVD SUITE 300
NAPLES FL 34108

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004218691--5
-05/15/01--01138--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	LARRY HALLADA	
STREET ADDRESS	64 4TH ST APT 202B	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY HALLADA	
STREET ADDRESS	64 4TH ST APT 202B	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

LARRY HALLADA 4-23-01 941-633-3359

CR2E083 (11/00)