

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90641 027 ***150.00

DOCUMENT # L02409

1. Entity Name
GASWORKS, INCORPORATED



Principal Place of Business
**1101 NE 40TH CT
OAKLAND PARK FL 33334**

Mailing Address
**1101 NE 40TH CT
OAKLAND PARK FL 33334**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0137298**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEAN, KEVIN WARD
1101 NE 40TH CT SUITE 1
OAKLAND PARK FL 33334**

Name **LOTT, JOSEPH PATRICK**
Street Address (P.O. Box Number is Not Acceptable)
1101 NE 40TH CT 1
City **OAKLAND PARK FL** Zip Code **33334**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

03-20-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	BEAN, KEVIN WARD	
STREET ADDRESS	1101 NE 40TH CT 1	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOTT, JOSEPH PATRICK	
STREET ADDRESS	1101 NE 40TH CT 1	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2003

Date

Daytime Phone #

954 864

0299

CR2E034 (10/02)