

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90137 001 ***635.00

DOCUMENT # L41911

1. Entity Name

NOB HILL GAS & WASH, INC.

Principal Place of Business

Mailing Address

1862 N NOB HILL RD
 PLANTATION FL 33322
 US

% KEVIN C. COOK
 1862 NORTH NOB HILL ROAD
 PLANTATION FL 33322-6564

2. Principal Place of Business

3. Mailing Address

10261 W. BROWARD Blvd. Same AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Plantation, FL.

City & State

4. FEI Number

65-0178827

Applied For

Not Applicable

Zip
33324

Country
USA

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

COSTELLO, JAMES J J
700 NW 100TH TERR
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DV COOK, KEVIN C**
 STREET ADDRESS **1862 NORTH NOB HILL ROAD**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE Change Addition
 NAME **Cook, KEVIN C**
 STREET ADDRESS **13030 NW 5th ST.**
 CITY-ST-ZIP **Plantation, FL 33325**

TITLE Delete
 NAME **DP COSTELLO, JAMES J J**
 STREET ADDRESS **10261 W BREWARD BLVD**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE Change Addition
 NAME **DP Costello, James J. JR.**
 STREET ADDRESS **700 NW 100 Terr.**
 CITY-ST-ZIP **Plantation, FL 33324**

TITLE Delete
 NAME **-DT MILLER, JEREL**
 STREET ADDRESS **1862 NORTH NOB HILL ROAD**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME **DT MILLER, JEREL**
 STREET ADDRESS **900 GROVESMERE LOOP**
 CITY-ST-ZIP **Ocoee FL. 34761**

TITLE Delete
 NAME **DS COSTELLO, JAMES J., SR.**
 STREET ADDRESS **1862 NORTH NOB HILL ROAD**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME **DS Costello, James J. SR.**
 STREET ADDRESS **6801 NW 6th Ct.**
 CITY-ST-ZIP **Plantation, FL 33317**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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

Date

Daytime Phone #

3/21/2000

954/423-9030

CR2E034 (9/99)