

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90051 016 ***150.00

00022435



DO NOT WRITE IN THIS SPACE

DOCUMENT # L56542

1. Entity Name
GASTON SERVICES, INC.

| | |
|---|--|
| Principal Place of Business 615 S. MISSOURI AVE #C CLEARWATER FL 33756 US | Mailing Address PO BOX 98 CLEARWATER FL 33757-0098 US |
|---|--|

| | |
|--|---|
| 2. Principal Place of Business 300 S. Saturn Ave Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|--|---|

| | | | |
|-------------------------------|--------------|-----------------------------|-------------------------------|
| City & State Clearwater FL | City & State | 4. FEI Number 59-3001195 | Applied For Not Applicable |
| Zip 33756 | Country | Zip | Country |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GASTON, FREDERICK H., III
209 PONCE DE LEON BLVD.
BELLEAIR FL 34616

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ (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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GASTON, FREDERICK H., III 209 PONCE DE LEON BLVD. BELLEAIR FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: KATHLEEN GASTON **KATHLEEN GASTON** Date: 2-14-00 Daytime Phone #: 727-585-9586

CR2E034 (9/99)