

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000058**

1. Entity Name  
**GASTEC ENERGY COMPANY, LC**

Principal Place of Business

**20217 BACKNINE DR  
BOCA RATON FL 33498**

Mailing Address

**20217 BACKNINE DR  
BOCA RATON FL 33498**

2. Principal Place of Business

**Boca Raton**  
Suite, Apt. #, etc.

3. Mailing Address

**SAME**  
Suite, Apt. #, etc.

City & State

**FLORIDA**

City & State

**FLORIDA**

Zip

Country

**33498**

**USA**

Zip

Country

4. FEI Number

**58-2288060**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LOWEY, IRVING S  
20217 BACKNINE DR  
BOCA RATON FL 33498**

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**

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **LOWEY, IRVING S**  
CITY-ST-ZIP **20217 BACKNINE DR  
BOCA RATON FL 33498**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **STOLZENBERG, PHILIP**  
CITY-ST-ZIP **20217 BACKNINE DR  
BOCA RATON FL 33498**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 REQUIRED**

**IRVING S. LOWEY**

**1-13-01**

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

Date

Daytime Phone #

CR2E083 (11/00)

0032328 SP

**FILED**

**01 JAN 19 PM 3:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE