

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00060606 AF

DOCUMENT # L99000003980

1. Entity Name  
FUEL AMERICA LLC

00 MAY -3 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1700 N. DIXIE HIGHWAY, SUITE 101 1700 N. DIXIE HIGHWAY, SUITE 101  
BOCA RATON FL 33432 BOCA RATON FL 33432-1807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
1700 N. DIXIE HIGHWAY 1700 N. DIXIE HIGHWAY  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
SUITE 125 SUITE 125  
City & State City & State  
BOCA RATON FL BOCA RATON FL  
Zip Country Zip Country  
33432 U.S.A. 33432 USA

4. FEI Number 65-0931034 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
1186 OCEAN SHORE BLVD., SUITE 195  
ORMOND BEACH FL 32176

## 7. Name and Address of New Registered Agent

Name CHRIS R. SALMONSON  
Street Address (P.O. Box Number is Not Acceptable)  
1700 N. DIXIE HIGHWAY  
SUITE 125  
City BOCA RATON FL Zip Code 33432

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 CHRIS R. SALMONSON MEMBER 4/28/00  
(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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALMONSON, CHRIS R 1700 N. DIXIE HIGHWAY, SUITE 101 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALMONSON, MARILYN 1700 N. DIXIE HIGHWAY, SUITE 101 BOCA RATON FL 33432	<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

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 N. DIXIE HIGHWAY, SUITE 125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 N. DIXIE HIGHWAY, SUITE 125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003264800-05/24/00-01042-019 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 R. SALMONSON 4/28/00 561-391-2309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)