

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 JUN 22 AF

DOCUMENT # **L99000006942**

1. Entity Name
1450 BANKS ROAD LLC

00 MAY 30 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1700 N. DIXIE HWY. STE 125
BOCA RATON FL 33432**

Mailing Address
**1700 N. DIXIE HWY. STE 125
BOCA RATON FL 33432-1817**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0960040**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SALMONSON, CHRIS R
1700 N DIXIE HWY, STE 125
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **CHRIS R. SALMONSON**

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 **(X)** **(NO CHANGE)**
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
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
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
**MEMBER
FUEL AMERICA LLC MGRM
1700 N. DIXIE HIGHWAY SUITE 125
BOCA RATON, FL. 33432**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEMBER
PAUL SAPITA
1700 N. DIXIE HIGHWAY SUITE 125
BOCA RATON, FL. 33432**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**-06/15/00--01672-016
*****50.00 *****50.00**

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 **(X)** **(SIGNATURE REQUIRED)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/28/00 **561-391-2309**
Date Daytime Phone #