

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90055 046 \*\*\*150.00

**DOCUMENT # P00000030891**

1. Entity Name  
**DALE GRIFFIS L P GAS SERVICE, INC.**

Principal Place of Business <b>2847 WHIN COURT MIDDLEBURG FL 32068</b>	Mailing Address <b>2847 WHIN COURT MIDDLEBURG FL 32068</b>
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2. Principal Place of Business      3. Mailing Address

City & State		City & State		4. FEI Number <b>59-3678329</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRIFFIS, DALE  
 2847 WHIN COURT  
 MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GRIFFIS, DALE</b> <b>2847 WHIN CT.</b> <b>MIDDLEBURG FL 32068</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **REQUIRED**      Date: **1/31/02**      Daytime Phone #: **904-613-9405**

CR2E034 (9/01)

Attachment -  
Let me get this straight 36555  
It's gonna cost me \$150.00

A favor just to inform you that  
I'm still in BUSINESS?

And, if I'm late in  
reporting, you're gonna charge  
me \$400.00 more?

You should BE ASHAMED!!

P.S. With this sort of legal robbery,  
you'd think you could put REAL  
glue on your envelopes.