

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-28-2001 90054 007 ***150.00

DOCUMENT # P00000057875

1. Entity Name

USMAGNEGAS, INC.

Principal Place of Business

35246 US HIGHWAY 19, NORTH, SUITE 115
 PALM HARBOR FL 34684

Mailing Address

35246 US HIGHWAY 19, NORTH, SUITE 115
 PALM HARBOR FL 34684

2. Principal Place of Business

P.O. BOX 172117

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 172117

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

Zip

33672

Country

USA

City & State

TAMPA, FL

Zip

33672

Country

USA

4. FEI Number

59-3653442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTILLI, RUGGERO MARIA
 35246 US HIGHWAY 19, NORTH, SUITE 115
 PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name
 CAREY, MICHAEL R.
 Street Address (P.O. Box Number is Not Acceptable)
 712 S. OREGON AVENUE
 City
 TAMPA, FL Zip Code
 33606

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

Michael R. Carey

MICHAEL R. CAREY

DATE

5/14/01

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, 2001 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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CEO, PRESIDENT, DIRECTOR
 TOUPS, LEON H.
 418 HARBOR VIEW LANE
 LARGO, FL 33770

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DIRECTOR
 SANTILLI, RUGGERO MARIA
 35246 US HIGHWAY 19, NORTH, SUITE 115
 PALM HARBOR, FL 34684

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DIRECTOR
 STANTON, JOHN
 P.O. BOX 24567
 TAMPA, FL 33623

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ 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:

John Stanton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01 813-7640-44
 Date Daytime Phone

CR2E034 (10/00)