

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90005 016 ***150.00

DOCUMENT # P00000071003

1. Entity Name
C.H. GAS INC.

Principal Place of Business
14955 GULF BLVD.
MADEIRA BEACH FL 33708

Mailing Address
14955 GULF BLVD.
MADEIRA BEACH FL 33708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3672554**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUJUO, MICHAEL J ESQ.
LAW OFFICES OF MICHAEL J. GUJU, P.A.
24701 U.S. HWY. 19 NORTH, STE. 112
CLEARWATER FL 33763

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 _____

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	P WEEST, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7366 79TH ST. N.	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE NAME	V SOREM, MELVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8021 SAILBOAT KEY BLVD. #D403	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	President Bandy Gunning	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14955 GULF BLVD	
CITY-ST-ZIP	MADEIRA BEACH, FL. 33708	
TITLE NAME	Vice President John Weest	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7366 79th St. N.	
CITY-ST-ZIP	PINELLAS PARK, FL. 33781	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Bandy Gunning
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2002
 Date

Daytime Phone #

CR2E034 (9/01)