

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90004 022 \*\*\*550.00

0122446 AT

**DOCUMENT # P00000091921**

1. Entity Name  
**P.R.N. GASWORK INC.**

Principal Place of Business  
**146 MARCDALE BLVD**  
**INDIAN ROCKS BEACH FL 33785**

Mailing Address  
**146 MARCDALE BLVD**  
**INDIAN ROCKS BEACH FL 33785**

**A0078729**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**146 Marcdale Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**146 Marcdale Blvd**  
 Suite, Apt. #, etc.

City & State  
**Indian Rocks Beach FL**

City & State  
**IRB FL**

4. FEI Number  
**59 3674635**

Applied For  
 Not Applicable

Zip  
**33785**

Country  
**USA**

Zip  
**33785**

Country  
**USA**

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

**MATSKO, KENNETH A**  
**146 MARCDALE BLVD**  
**INDIAN ROCKS BEACH FL 33785**

Name **Kenneth Matisko**  
 Street Address (P.O. Box Number is Not Acceptable)  
**146 Marcdale Blvd**  
 City **Indian Rocks Beach FL** Zip Code **33785**

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

*Kenneth Matisko*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**7-13-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P MATSKO, KENNETH A</b>	<b>146 MARCDALE BLVD</b>	<b>INDIAN ROCKS BEACH FL 33785</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**7-13-01**

DAYTIME PHONE #  
**727 534-4448**

CR2E034 (5/01)