

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90148 003 ***150.00

DOCUMENT # P00000111479

1. Entity Name

L.P. Gas Service Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7858 SE Arrance Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1296

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hobe Sound, Florida

City & State

Hobe Sound, Florida

Zip

33455

Country

Zip

33475

Country

4. FEI Number

651063499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael L. Dale

Street Address (P.O. Box Number is Not Acceptable)

416 SE Poma Way

City

Stuart

FL

Zip Code

34994

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 L. Dale**

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

(NOTE: Registered Agent signature required when reinstating)

4/11/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

P/S/D

Phillip Winsper

7858 SE Arrance Street

Hobe Sound, Florida 33455

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V/T/D

Kelley Smith

8006 SE Sugar Pines Way

Hobe Sound, Florida 33455

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Phillip Winsper**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

772-546-4684

Daytime Phone #

CR2E034B (12/01)