

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

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90015 005 \*\*\*150.00

DOCUMENT # *P00000113352*

1. Entity Name

All Florida Gas Energy, Inc



**24076146**

2. Principal Place of Business

4400 gardenia dr

3. Mailing Address

4400 gardenia dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

palm beach gardens

City & State

palm beach gardens

4. FEI Number

65-1073839

Applied For

Not Applicable

Zip

33410

Country

palm beach

Zip

33410

Country

palm beach

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles Erkman

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

4400 gardenia dr

City

palm beach gardens

**FL**

Zip Code  
33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President Patricia Erkman  
4400 gardenia dr, Palm Beach Gardens  
FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Sect-Charles Erkman  
4400 gardenia dr  
Palm Beach Gardens, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia A. Erkman*

Date

Daytime Phone #

CR2E034B (12/02)