

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90374 033 ***150.00

DOCUMENT # P00000113352

1. Entity Name
ALL FLORIDA GAS ENERGY, INC.



Principal Place of Business
**1760 NW 83 TERRACE
HOLLYWOOD FL 33024**

Mailing Address
**1760 NW 83 TERRACE
HOLLYWOOD FL 33024**

2. Principal Place of Business
8601 N.W. 19TH STREET
Suite, Apt. #, etc.

3. Mailing Address
8601 N.W. 19TH STREET
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES FL.
Zip
33024
Country
BROWARD

City & State
PEMBROKE PINES FL.
Zip
33024
Country
BROWARD

4. FEI Number **65-1073839**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIGIOVANNI, JOSEPH
1760 NW 83RD TERRACE
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8601 N.W. 19TH STREET
City **PEMBROKE PINES FL** Zip Code **33024**

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

4-15-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
**PVST
DIGIOVANNI, JOSEPH
1760 NW 83RD TERRACE
PEMBROKE PINES FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIGIOVANNI, JOSEPH
1760 NW 83RD TERRACE
HOLLYWOOD FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
DIGIOVANNI, JOSEPH
8601 N.W. 19TH STREET
PEMBROKE PINES FL 33024** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIGIOVANNI, JOSEPH
8601 N.W. 19TH STREET
PEMBROKE PINES FL 33024** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 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

4-15-03

Date

954-499-1010

Daytime Phone #

CR2E034 (10/02)