

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

07-19-2001 90006 037 ***158.75

DOCUMENT # P00000114291

1. Entity Name
L B GAS, INC.

Principal Place of Business
27583 OLD 41
BONITA SPRINGS FL 34135

Mailing Address
27583 OLD 41
BONITA SPRINGS FL 34135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
27583 Old 41
 Suite, Apt. #, etc.

3. Mailing Address
11
 Suite, Apt. #, etc.

City & State
Bonita Sprs FL
 Zip
34135 Country
LEE

City & State
 Zip
 Country

4. FEI Number
59-36-89-725

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BILLS, LARRY K
12104 SUNSET STRIP
BONITA SPRINGS FL 33923

7. Name and Address of New Registered Agent

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 8-30-01
 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 \$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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Larry K. Bills
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-01 (941) 992-7742
 Date Daytime Phone #

CR2E034 (5/01)

Attachment 12096 Doc. # P00000114291

I did not receive any letter before
2001 Uniform Business Report

James A. Bell

owner of J.B.'s Gas



Florida Department of Labor and Employment Security.

Division of Workers' Compensation

Bureau of Compliance

12381 S. Cleveland Ave.
Suite 506
Ft Myers FL 33907

Jeb Bush

Governor

Mary B. Hooks

Secretary

Charles Williams

Director

Attachment 12096
Dr. # P00000114291

The attached document(s) are being returned for reason(s) indicated below. Correct the attached BCM 250-T, as requested and return with this letter. If you have any questions, contact Kera Watkins at (941) 278-7094. **BE SURE TO RETURN ALL ITEMS AS WE DID NOT RETAIN A COPY OF THE ATTACHED DOCUMENT(S).**

1. () Please indicate operating status on attached: () Sole Proprietor () Partner () Corporation
2. () Insert corporation title on attached document. Acceptable titles are: President, Vice President, Secretary, Treasurer, Chairman of the Board, chief executive Officer or Director.
3. () Name of Business () Business Mailing Address () City, State, Zip, and County () Phone Number
4. () Nature of Business must be shown on attached. () Nature of Business shown on attached must match occupational license.
5. ☒ Federal Employer Identification Number is required for Sole Proprietors with Employees, Partnerships, and Corporations.
6. () Unemployment Compensation Tax Number is needed for businesses with two or more employees(941-278-7600).
7. () Date Business was established must be shown on attached.
8. ☒ Please provide documentation from: _____ IRS, ☒ Occupational License SHOWING INCORPORATION, or a letter from _____ County Occupational licensing stating a license is not required.
9. () Contractors who are required to furnish the license number and type of certified or registered licenses issued by Department of Business & Professional Regulations must show license number on BCM-250.
10. () _____ Print or type name above signature, _____ Please sign the attached form. _____ A separate form must be filled out for each applicant electing to be exempt.
11. () Social Security Number _____ not shown, _____ incomplete, _____ illegible.
12. () Form must: _____ Be Notarized, _____ Show Notary Seal, _____ Show Notary Signature.
13. () Attached form(s) is illegible. Complete the enclosed form(s) and return.
14. () Sole Proprietors/Partners in the NON Construction Industry are automatically exempt by law.
15. () Only three (3) corporate officers or partners may be exempt in the construction industry at any given time. Computer printout attached indicates three(3) officers or partners are currently exempt. If an officer or partner who was previously excluded is no longer active in the business, complete the attached BCM-250, upon receipt of the BCM-250-R, we will be able to process the attached exemption.
16. () Your Occupational License states you are a _____, however your application indicates you are applying as a _____. Both the application and the Occupational License must match. Please correct and resubmit your application.
17. ☒ Your Corporate Officer listed on the application is not currently listed with the Division of Corporations as a Corporate Officer. Please provide notarized documentation showing this person as a Corporate Officer. (850)-488-9000
18. () The form you submitted is now obsolete, please complete the enclosed form and return all forms to the office above.
19. () The money order/check you submitted:
() Needs to be a money order or certified check made payable to: WC ADMINISTRATION TRUST FUND
() Needs to be signed _____
20. () Other:

Attachment

Doc # P00000114291

12096

NOTICE OF ELECTION TO BE EXEMPT

PAID

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application-refer to the instruction sheet for more details.

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	AUG 24 2001
Received In:	RECEIVED

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

☒ Sole Proprietor ☐ Partner ☐ Corporate Officer (your corp. title: Owner)

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

☐ Corporate Officer (your corp. title: owner)

AUG 27 2001
BUREAU OF COMPLIANCE
FT. MYERS

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): P00000114291

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>L B Gas Inc.</u>		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: <u>27583 Old 41</u>		City: <u>Bonita Springs FL</u>	State: <u>FL</u>
County: <u>LEE</u>	Phone No.: <u>(941) 992-7942</u>	Nature of Business: <u>Propane Sales & Service</u>	FEIN: <u>593689725</u>
Unemployment Compensation Tax No: <u>59-36-89-725</u>	Date Business Established: <u>1991</u>	No. of Employees:	
Are you required to be registered or certified pursuant to Chapter 489, F. S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes			
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE			
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES list the name of all other businesses in which you are employed:			
Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the IRS, an annual Federal Income Tax Return? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, You must attach tax records. See instruction sheet for details.			

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

Larry H. Bills 3091 60 13984 06 103 1954
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION SOCIAL SECURITY NO. mo. day yr.
Larry H. Bills 8 124 01
APPLICANT'S SIGNATURE DATE SIGNED
NOTARY STATE OF FLORIDA, COUNTY OF LEE

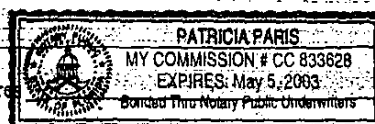
Sworn to and subscribed before me this 24 day of AUGUST 2001 by LARRY BILLS

Personally Known ☒ OR Produced Identification ☐ Type of Identification Produced

NOTARY SIGNATURE

Patricia Paris

My Commission Expires



Attachment

Ac. # 00000114291
LEE COUNTY OCCUPATIONAL LICENSE

12096

LICENSE YEAR:

OCTOBER 1, 2000 THRU SEPTEMBER 30, 2001

LICENSE NO:

923593

SEC: 482

DESCRIPTION:

PROPANE GAS & GRILL PTS & SALE

CODE: 10.0

BUSINESS NAME:

LBS GAS

OWNER:

BILLS LARRY K

PHYSICAL ADDR:

27583 OLD HWY 41 N

MAILING ADDR:

12104 SUNSET STRIP
BOONITA SPRINGS FL 33923



2000-2001

**POST CONSPICUOUSLY WITHIN THE PLACE OF BUSINESS
AFTER SUBMITTING PAYMENT WITH THE ATTACHED BILL**

(fold here)