

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90124 003 \*\*\*550.00

**DOCUMENT # P01000051278**

1. Entity Name  
**MRM/AMERICAN GAS SERVICES, INC.**

Principal Place of Business  
**1270 GULF BOULEVARD #1406**  
**CLEARWATER FL 33767**

Mailing Address  
**1270 GULF BOULEVARD #1406**  
**CLEARWATER FL 33767**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**CLEARWATER**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1270 Gulf Blvd**  
 Suite, Apt. #, etc.  
**#1406**

City & State  
**Clearwater**

City & State  
**FL**

4. FEI Number  
**59-3729593**

Applied For  
 Not Applicable

Zip Country  
**33767 Pinedas**

Zip Country

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

**6. Name and Address of Current Registered Agent**

**MUELLER, HAROLD J**  
**1270 GULF BOULEVARD #1406**  
**CLEARWATER FL 33767**

**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 \_\_\_\_\_  
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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MUELLER, HAROLD</b> <b>1270 GULF BOULEVARD #1406</b> <b>CLEARWATER FL 33767</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Treas - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HAROLD MUELLER</b> <b>1270 GULF BLVD</b> <b>CLEARWATER, 33767</b>
			<b>Pres - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DENNIS KLUMB</b> <b>19705 LINCOLN AVE</b> <b>NEW BERLIN, WI</b>
			<b>Sec. - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DENNIS WONG</b> <b>3971 S. GULCH</b> <b>LARGO FL 33774</b>
			<b>V.P. - D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROBERT MUELLER</b> <b>1 Hibiscus Rd Belleaire 33756</b>
			<b>DIRECTOR</b> <b>ZHOU CHAUNLI</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>52 LONG TAN ROAD</b> <b>TAIAN, Shandong, China 271000</b>
			<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: \_\_\_\_\_ Date **6-15-02** Daytime Phone # **727-596-9225**

CR2E034 (9/01)