

# 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

2. Principal Place of Business

CLEARWATER

3. Mailing Address

1270 Gulf Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1406

City & State

CLEARWATER

City & State

FL

Zip

33767

Country

Pineles

Zip

Country

4. FEI Number

59-3729593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



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

TITLE PD  
 NAME MUELLER, HAROLD  
 STREET ADDRESS 1270 GULF BOULEVARD #1406  
 CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TREAS - D  
 NAME HAROLD MUELLER  
 STREET ADDRESS 1270 GULF BLVD  
 CITY-ST-ZIP CLEARWATER, 33767 ☒ Change ☐ Addition

TITLE PRES - D  
 NAME DENNIS KLUMB  
 STREET ADDRESS 19705 LINCOLN AVE  
 CITY-ST-ZIP NEW BERLIN, WI ☐ Change ☒ Addition

TITLE Sec. - D  
 NAME DENNIS WONG  
 STREET ADDRESS 3971 S. GARCIA  
 CITY-ST-ZIP LARGO FL 33774 ☐ Change ☒ Addition

TITLE V.P. - D  
 NAME ROBERT MUELLER  
 STREET ADDRESS 1 Hibiscus Rd Belleaire 33756  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DIRECTOR  
 NAME ZHOU CHAUNLI  
 STREET ADDRESS 52 LONG TAN ROAD  
 CITY-ST-ZIP TAIAN, Shandong, China 271000 ☒ Change ☒ Addition

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

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-02 727-596-9225  
 Date Daytime Phone #

CR2E034 (9/01)