2003 FOR PROFIT CORPORATION

FILED Mar 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000084445 DOCUMENT # 1. Entity Name 03-27-2003 90090 039 ***150.00 BAY AREA GASCO INC. Principal Place of Business Mailing Address **4619 RUE BORDEAUX** 4619 RUE BORDEAUX **LUTZ FL 33558 LUTZ FL 33558** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-1131071 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HASAN, ASEM Street Address (P.O. Box Number is Not Acceptable) 4619 RUE BORDEAUX **LUTZ FL 33558** .静藏的 City 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. 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 FILE NOW!!! FEE 'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE HASAN, ASEM NAME NAME **4619 RUE BORDEAUX** STREET ADDRESS STREET ADDRESS **LUTZ FL 33558** CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 empered 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \(\(\)

TITLE

STREET ADDRESS

CITY-ST-ZIP

URE REGUIRED

☐ Delete

Daytime Phone #

Change

☐ Addition