

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 JUN -5 PM 4:39

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0200005498			
1. Entity Name <b>T&amp;M GAS SERVICES, INC.</b>			
Principal Place of Business 12396 69TH ST N W PALM BCH, FL 33412		Mailing Address P. O. BOX 530494 LAKE PK, FL 33403	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		8. Certificate of Status Desired <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>GAMBLE, THOMAS R 12396 69TH ST N W PALM BCH, FL 33412</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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, the stated agent.			
SIGNATURE: <i>Thomas R. Gamble</i>		DATE: <b>5/21/03</b>	
Signed, typed or printed name of registered agent, and title, if applicable.		(NOTE: Registered Agent signature required with a notecasting)	
FEE: \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, THOMAS R	NAME	
STREET ADDRESS	12396 69TH ST N	STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 33412	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Thomas R. Gamble</i>		DATE: <b>5/21/03</b> 561-795-1019	
Signed, typed or printed name of signing officer or director		Date	



CHECK HERE IF MAKING CHANGES

FEI Number **01 0698186** Applied For Not Applicable

\$8.75 Additional Fee Required

Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

5/21/03

\$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, THOMAS R	NAME	
STREET ADDRESS	12396 69TH ST N	STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 33412	CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

5/21/03 561-795-1019

06/05/03 01022-006 \*50.00