
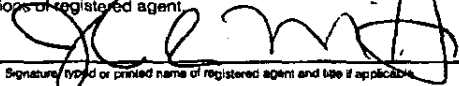



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90112 008 ***150.00

DOCUMENT # P02000088913					
1. Entity Name GAS SURGEONS, INC.					
Principal Place of Business 24331 PRODUCTION CIRCLE BONITA SPRINGS FL 34135			Mailing Address 24331 PRODUCTION CIRCLE BONITA SPRINGS FL 34135		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3867793 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOOLEY, JOHN F 3227 SOUTH HORSESHOE DRIVE SUITE 105 NAPLES FL 34104			Name Julia Marchetti		
			Street Address (P.O. Box Number is Not Acceptable) 24331 Production Circle		
			City Bonita Springs FL Zip Code 34135		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
- FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	DPT MARCHETTI, JULIA R <input type="checkbox"/> Delete		TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	24331 PRODUCTION CIRCLE		NAME		
STREET ADDRESS	BONITA SPRINGS FL 34135		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS BIELLO, MARGARET B <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	24331 PRODUCTION CIRCLE		NAME		
STREET ADDRESS	BONITA SPRINGS FL 34135		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Michael Marchetti <input type="checkbox"/> Delete		TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	24331 Production Circle		NAME		
STREET ADDRESS	Bonita Springs, FL 34135		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		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:  SIGNATURE REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-28-03 Daytime Phone 239 478 5892					

CR20034 (10/02)

Attachment
Gas Surgeons, Inc.

24331 Production Circle
Bonita Springs, FL 34135
(239) 498-9119 ♦ (239) 498-5092 Fax

55042935
#P02000088913

May 19, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Sent Via Certified Mail: 7000 0520 0016 5973 3439

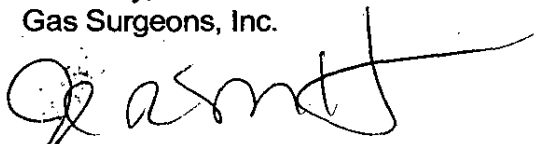
Reference Number: P02000088913

To Whom It May Concern:

Please find enclosed our corrected yearly report for 2003 showing our correct FEI number, 22-3867793, which was inadvertently left off our previously submitted application.

Should you require any other information please do not hesitate to contact me.

Sincerely,
Gas Surgeons, Inc.



Julia R. Marchetti
President