

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 91248 047 ***150.00

DOCUMENT # P03000000849

1. Entity Name
U.S. GAS INC.



Principal Place of Business
8308 NW S RIVER DR
MEDLEY, FL 33166-7422

Mailing Address
8308 NW S RIVER DR
MEDLEY, FL 33166-7422

66425576



03292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

2342 W 80th St
Suite, Apt. #, etc.
Ste #5

3. Mailing Address

2342 W 80th St
Suite, Apt. #, etc.
Ste #5

City & State
Hialeah FL

City & State
Hialeah FL

Zip
33016

Country
USA

Zip
33016

Country
USA

4. FEI Number
83-0345278 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAPAS, GEORGE J
8308 NW S RIVER DR
MEDLEY, FL 33166-7422

7. Name and Address of New Registered Agent

Name
Papas, George J.
Street Address (P.O. Box Number is Not Acceptable)
2342 W 80th St Ste #5
City
Hialeah FL Zip Code
33016

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
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
PAPAS, GEORGE J
STREET ADDRESS
8308 NW S RIVER DR
CITY-ST-ZIP
MEDLEY, FL 331667422 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
Papas, George J. ☒ Change ☐ Addition
STREET ADDRESS
2342 W 80th St Ste #5
CITY-ST-ZIP
Hialeah FL 33016

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

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

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

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

66425576 PAPAS

4/19/04 925-19670