

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08699

1. Entity Name

MARTIN GAS SALES, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90051 029 \*\*\*150.00

Principal Place of Business

101 E SABINE  
P. O. DRAWER 191  
KILGORE TX 75662

Mailing Address

101 E SABINE  
P. O. DRAWER 191  
KILGORE TX 75662-5849

2. Principal Place of Business

4200 Stone Road

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 191

Suite, Apt. #, etc.

City & State  
Kilgore, TX

Zip  
75662

Country

City & State  
Kilgore, TX

Zip  
75663

Country

4. FEI Number  
75-2081053

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	CDV MARTIN, R S, JR 101 EAST SABINE KILGORE TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, RUBEN S, III 101 EAST SABINE KILGORE TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEUMEYER, DONALD R 101 EAST SABINE KILGORE TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, MARGARET G 101 EAST SABINE KILGORE TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SKELTON, WESLEY M (ASST) 101 EAST SABINE KILGORE TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BONDURANT, ROBT D (ASST) 101 EAST SABINE KILGORE TX	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, RUBEN S, III 4200 STONE ROAD KILGORE, TX 75662	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEUMEYER, DONALD R 4200 STONE ROAD KILGORE, TX 75662	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, MARGARET G. 4200 STONE ROAD KILGORE, TX 75662	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SKELTON, WESLEY M (ASST) 4200 STONE ROAD KILGORE, TX 75662	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BONDURANT, ROBT D (ASST) 4200 STONE ROAD KILGORE, TX 75662	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 3, 2000

Date

903-983-6200

Daytime Phone #

CR2E034 (9/99)