

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90055 006 ***150.00

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

DOCUMENT # **P38773**

1. Entity Name

Entex Gas Marketing ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1111 Louisiana

Suite, Apt. #, etc.

3. Mailing Address

PO Box 4567

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Houston, Tx

City & State

Houston, Tx

4. FFI Number

16-0223201

Applied For

Not Applicable

ZIP

77002

Country

USA

ZIP

77210

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **CT Corporation Systems**
Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Rd.
Plantation FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President, Director**
NAME **David M. Melanahan**
STREET ADDRESS
CITY- ST- ZIP

TITLE **VP, Director**
NAME **Wayne D. Shinnett, Jr**
STREET ADDRESS
CITY- ST- ZIP

TITLE **Secretary**
NAME **Hugh Rice Kelly**
STREET ADDRESS
CITY- ST- ZIP

TITLE **Treasurer**
NAME **Marc Kilbride**
STREET ADDRESS
CITY- ST- ZIP

TITLE **Asst. Treasurer**
NAME **Linda Geiger**
STREET ADDRESS
CITY- ST- ZIP

TITLE **Asst. Secretary**
NAME **Richard B. Dauphin**
STREET ADDRESS
CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 17 2002

Date

(713) 207-3000

Daytime Phone #

CR2E034B (12/01)