

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011337

1. Entity Name
HORIZON GAS OF TAMPA, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90115 032 ***550.00

Principal Place of Business

1708 E. BUSCH BLVD.
TAMPA FL 33612

Mailing Address

9304 N ELMER ST
TAMPA FL 33612
US

2. Principal Place of Business

P.O. Box 628
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 628
Suite, Apt. #, etc.

City & State

Dover, Fl

City & State

DOVER, FL

4. FEI Number

59-3128633

Applied For

Not Applicable

Zip

33527

Country

US

Zip

33527

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELVIN, RAY
~~1708 E. BUSCH BLVD~~
~~TAMPA FL 33612~~
2306 S Gallagher Rd
P.O. Box 628
Dover, Fl 33527

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: Melvin Ray

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

July 26, 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Delete
NAME	RAY, MELVIN	
STREET ADDRESS	1708 E. BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TDV	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, MICHAEL	
STREET ADDRESS	629 N. ST.	
CITY-ST-ZIP	BLUEFIELD WV	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCGLOTHLIN, MICHAEL	
STREET ADDRESS	SECOND ST., GREEN ACRES ESTATES	
CITY-ST-ZIP	POUNDING MILL VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray, Melvin	
STREET ADDRESS	P.O. Box 628	
CITY-ST-ZIP	Dover, Fl 33527	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Melvin Ray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 26, 2000

Date

813-654-0113

Daytime Phone #