

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90126 024 ***150.00

DOCUMENT # P93000016920

i. Entity Name

THE GAS APPLIANCE SUPPLY CO., INC.

Principal Place of Business	Mailing Address
AIRWAY CIRCLE SMYRNA BCH FL 32168	1500 AIRWAY CIRCLE NEW SMYRNA BCH FL 32168-5929 US

Principal Place of Business	3. Mailing Address
413 Oak Pl. Suite, Apt. #, etc. 3184 4 Unit L	P.O. Box 291179 Suite, Apt. #, etc.

City & State	City & State
Port Orange FL	Port Orange FL
Zip	Zip
32127	32129
Country	Country
USA	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3176203	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROBINSON, DAVID C
 1326 S. RIDGEWOOD AVE.
 # 6
 DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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**

ii.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD NIXON, A. DAVID 1500 AIRWAY CIRCLE NEW SMYRNA BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nixon, A. David 413 Oak Pl Bldg 4 Unit L Port Orange FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NIXON, JANICE C. 1500 AIRWAY CIRCLE NEW SMYRNA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nixon, Janice C. 413 Oak Pl Bldg 4 Unit L Port Orange FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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

3/2/00
 Date

904-760-3404
 Daytime Phone #

CR2E034 (9/99)