

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90034 006 ***150.00

DOCUMENT # P93000070157

1. Entity Name
EVERYTHING FOR GAS, INC.



Principal Place of Business
949 S.W. 71ST AVE.
NORTH LAUDERDALE FL 33068
US

Mailing Address
949 S.W. 71ST AVE.
NORTH LAUDERDALE FL 33068
US

2. Principal Place of Business
11947 N.W. 37th St
Suite, Apt. #, etc.

3. Mailing Address
I don
Suite, Apt. #, etc.

City & State
Coral Springs, FL
Zip
33065
Country

City & State
Zip
Country

4. FEI Number **65-0489490**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BUFFINGTON, GREGORY G
6518 N.W. 72ND PLACE
PARKLAND FL 33067

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BUFFINGTON, GREGORY	
STREET ADDRESS	6518 N.W. 72ND PLACE	
CITY-ST-ZIP	PARKLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUFFINGTON, ZOILA E	
STREET ADDRESS	6518 N.W. 72ND PLACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUFFINGTON, GREGORY G	
STREET ADDRESS	6518 N.W. 72ND PLACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, STEPHEN A	
STREET ADDRESS	8920 S.W. 104TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAPLAN, STEPHEN A	
STREET ADDRESS	8920 SW 104TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	<input type="checkbox"/> Delete
NAME	MALENICK, DONAL H	
STREET ADDRESS	4461 WAYSIDE DR	
CITY-ST-ZIP	NAPLES FL 34119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	4640 Island Reef Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wellington, FL 33467	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	4640 Island Reef Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wellington, FL 33467	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)