2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 12, 2000 8:00 am
Secretary of State
05-09-2000 90143 017 ****61.25
06-12-2000 90037 006 ****88.75

662280

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000000715

1. Entity Name

Clearwater Gas & Service, Inc.

Principal Place of Business	Mailing Address
803 Missouri Ave. S. Clearwater, FL 33756	803 Missouri Ave. S. Clearwater, FL 33756

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number X 59-3227775 ☐ Applied For ☐ Not Applicable

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
Georges, Georgos K. 127 Lakeview Way Oldsmar, FL 34677	Name: Georgos K. Georges Street Address (P.O. Box Number is Not Acceptable): 1698 Clearwater-Largo-Rd. City: Clearwater FL Zip Code: 33756

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] Georgos K. Georges 4/26/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/V/S/T/D Georges, Georgos K. 127 Lakeview Way Oldsmar, FL 34677 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/V/S/T/D Francia Georges 803 Missouri Ave. S. Clearwater, FL 33756 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 617, 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] Francia Georges 4/26/00 (727) 584-3501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #