

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009140

Entity Name  
SOUTH ATLANTIC GAS, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90161 026 \*\*\*150.00

00351347 AV

Principal Place of Business  
1200 BROADWAY  
RIVIERA BEACH FL 33404  
US

Mailing Address  
1200 BROADWAY  
RIVIERA BEACH FL 33404  
US



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>65-0468479</b>                        |  | Applied For<br><input type="checkbox"/>    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable<br><input type="checkbox"/> |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required             |
| Zip                            | Country | Zip                 | Country |   |  |  |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent   |  |
| <b>HASAN, MUHAMMAD S</b><br><b>4383 WILLOW POND CIRCLE</b><br><b>WEST PALM BEACH FL 33417</b> |  | Name <b>SAME</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5216 MISTY MORN RD.</b><br>City <b>Palm Beach Garden</b> <b>FL</b> Zip Code <b>33418</b> |  |

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.<br>(See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD</b><br><b>HASAN, MUHAMMAD S</b><br><b>4383 WILLOW POND CIRCLE</b><br><b>WEST PALM BEACH FL 33417</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-02 561-478-1101

CR2E034 (9/01)