

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009140

1. Entity Name
SOUTH ATLANTIC GAS, INC.

Principal Place of Business
1200 BROADWAY
RIVIERA BEACH FL 33404
US

Mailing Address
1200 BROADWAY
RIVIERA BEACH FL 33404
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

HASAN, MUHAMMAD S
4383 WILLOW POND CIRCLE → 5216 MISTY MORN RD
WEST PALM BEACH FL 33417 Palm Beach Garden
FL 33418



4. FEI Number 65-0468479 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

5216 MISTY MORN RD.

City Palm Beach Garden FL Zip Code 33418

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. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HASAN, MUHAMMAD S 4383 WILLOW POND CIRCLE WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

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

02-20-2002 90161 026 ***150.00



DO NOT WRITE IN THIS SPACE

4561580
AV

CR2E034 (9/01)

2-4-02 561-478-1101

Date

Daytime Phone #