

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90742 003 ***150.00

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

5216 MISTY MORN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GARDENS, FL

Zip

Country

Zip

Country

33418 Palm Beach

6. Name and Address of Current Registered Agent

**HASAN, MUHAMMAD S
5216 MISTY MORN ROAD
PALM BEACH GARDENS FL 33418**

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
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5216 MISTY MORN RD
PALM BEACH GARDENS
FL 33418**

☐ Change ☐ Addition

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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 REQUIRED (President)

3-5-03

561-841-4700

Date

Daytime Phone #

CR25004 (10/02)