

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90107 032 \*\*\*150.00

**DOCUMENT # P94000064777**

1. Entity Name  
**GATOR CITY FUELS, INC.**



Principal Place of Business  
**4315 PABLO OAKS CT  
SUITE 2  
JACKSONVILLE FL 32224**

Mailing Address  
**4315 PABLO OAKS CT  
SUITE 2  
JACKSONVILLE FL 32224**

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 **59-3274404**

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

**SMITH HULSEY & BUSEY,  
225 WATER ST.  
SUITE 1800  
JACKSONVILLE FL 32202**

## 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	PD	<input type="checkbox"/> Delete
NAME	BERGMANN, THOMAS C	
STREET ADDRESS	9551 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DC	<input type="checkbox"/> Delete
NAME	STOKES, E. CHESTER JR.	
STREET ADDRESS	9551 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BERGMANN, MICHAEL W	
STREET ADDRESS	9551 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LANGLEY, LESLIE	
STREET ADDRESS	9551 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LANGLEY, LESLIE	
STREET ADDRESS	9551 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/> Delete
NAME	HICE, SHERRY	
STREET ADDRESS	9551 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4315 PABLO OAKS CT SUITE 2	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4315 PABLO OAKS CT SUITE 2	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RONALD E.	
STREET ADDRESS	4315 PABLO OAKS CT SUITE 2	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONTO, MARK E.	
STREET ADDRESS	4315 PABLO OAKS CT SUITE 2	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNTHOUSE, CRAIG A.	
STREET ADDRESS	4315 PABLO OAKS CT SUITE 2	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4315 PABLO OAKS CT SUITE 2	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 (904) 482-1200

Date

Daytime Phone #

CR2E034 (10/02)