

FILED P9500089305

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9500089305

1. Entity Name
SOUTH FLORIDA GAS COMPANY, INC.

Principal Place of Business Mailing Address
 17174 JEAN ST P.O. BOX 9351
 FORT MYERS, FL 33912 FORT MYERS, FL 33902

2. Principal Place of Business 3. Mailing Address
2483 Evans Avenue Sube, Apt. #, etc.

City & State City & State
Fort Myers, FL City & State

Zip Country Zip Country
33901 Lee City & State



100022756901
09/04/03--01040--001 **400.00

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
85-0821834 Not Applicable

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

6. Name and Address of Current Registered Agent
POWELL, WILLIAM M ESQ
3615 DEL PRADO BLVD S., SUITE 101
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent
 Name **George H. Knott, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
1625 Hendry Street
Suite 301
Fort Myers FL 33901

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 agents.

SIGNATURE *W. Powell* DATE

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	NAME ROBB, CHARLES R	TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2815 N.W. 3RD PL	CITY-STATE-ZIP CAPE CORAL, FL 33903	STREET ADDRESS	CITY-STATE-ZIP
TITLE VO	NAME FISHER, TERRELL A	TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 18680 BRADENTON ROAD	CITY-STATE-ZIP FORT MYERS, FL 33912	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(5)(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 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, until all officers are empowered.

SIGNATURE *W. Powell* 7-28-03 239-334-3131 DATE

9/12