2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90039 025 ***150.00

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DOCUMENT # P96000064842

1. Entity Name
GASMART, INC.

Principal Place of Business	Mailing Address
21 W FEE AVE SUITE F MELBOURNE FL 32901	P.O. BOX 440 MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2078 S. ORANGE Blossom TR.		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: APOPKA, FlA		City & State	
Zip: 32703	Country	Zip	Country

4. FEI Number 59-3394968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORNTO, SAMUEL E 21 W FEE AVE SUITE F MELBOURNE FL 32901	Name: KENNETH L. WOOD Street Address (P.O. Box Number is Not Acceptable): 2078 SOUTH ORANGE Blossom TR. City: APOPKA FL Zip Code: 32703

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] KENNETH L. WOOD (PRES) 4-30-01
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, 2001 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	~~VPS~~ PRESI WOOD, KENNETH L 21 W FEE AVE SUITE F MELBOURNE FL 32901 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WOOD KENNETH L 2078 SOUTH ORANGE Blossom TR APOPKA, FlA 32703 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 4-30-01 407-886-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #