

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91625 046 ***158.75

DOCUMENT # P96000064842

1. Entity Name

GASMART, INC.

Principal Place of Business

**2078 S ORANGE BLOSSOM TRL
 APOPKA FL 32703**

Mailing Address

**P.O. BOX 440
 MELBOURNE FL 32902**

2. Principal Place of Business

2070 S. Orange Blossom Trail

3. Mailing Address

2070 S. Orange Blossom Trail

Suite, Apt. #, etc. \

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

59-3394968

Applied For

Not Applicable

32703

USA

32703

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, KENNETH L
 2078 SOUTH ORANGE BLOSSOM TR
 APOPKA FL 32703**

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.

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

TITLE	P	☐ Delete
NAME	WOOD, KENNETH L	
STREET ADDRESS	2078 SOUTH ORANGE BLOSSOM TR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Wood, Kenneth L.	☒ Change ☐ Addition
NAME	2070 S. Orange Blossom Trail	
STREET ADDRESS	Apopka FL 32703	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or without other like empowered.

SIGNATURE:

Kenneth L Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-886-3338

CR2E034 (9/01)