

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90536 008 ***150.00

DOCUMENT # P96000066998

1. Entity Name

GAS ANALYSIS SYSTEMS CO., INC.

Principal Place of Business

1933 WHITEFIELD PARK LOOP
SARASOTA FL 34243
US

Mailing Address

5900 S TAMiami TRAIL
STE I
SARASOTA FL 34231
US

2. Principal Place of Business

1933 WHITFIELD Park Loop

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

Country

34243

USA

4. FEI Number

65-0689139

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASTROMSKAS, CATHERINE L
5900 S TAMiami TRAIL
STE I
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name CATHERINE L. ASTROMSKAS
Street Address (P.O. Box Number is Not Acceptable)
5900 S. TAMiami TRAIL
SUITE # I
City SARASOTA FL 34231

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

Catherine L. Astromskas

2-16-01

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

TITLE PSTD
NAME HANWAY, THOMAS D
STREET ADDRESS 1933 WHITEFIELD PARK LOOP
CITY-ST-ZIP SARASOTA FL 34243

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME HANWAY, THOMAS D
STREET ADDRESS 1933 WHITEFIELD PARK LOOP
CITY-ST-ZIP SARASOTA, FL 34243

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2001

941-755-8806

CR2E034 (10/00)