FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT. (UBS)

UNIFORM BUSINESS REPORT. (UBR) DOCUMENT # P97000009569 03 DEC -2 AM 9:55 1. Entity Name GAS, Inc. SECRETARY OF STATE C TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 240 North Pennsylvania Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-3425232 Winter Park, FL Not Applicable Zip 32789 \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Robert.Q.Lee 🛶 DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 430 North Mills Avenue City Orlando 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 lamiliar with, and accept 400025160334 12/02/03--01046--004 **15 the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and tifle if applicable January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Make Check Payable to Floride Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02) 1100 t to Dir/Pres/Sec/Treas ስልለስ mort Sas Man Kau Wong 111 00 BOOT 01 11100 accted 2429 Briarcreek Dr. Apopka, FL 32703 Ýkçsí i sæð Piculiand 1100 im ĊΒÓÛ ČBÓÚ 10 000 00111 11100 100101 Ýľosti saso Victions. 1100 1100 ČBÓC OOO 111 020 8001 011 ina ecatai DO NOT WRITE ÝKOSÍ 64EÐ ticetions tico IN THIS SPACE ዕጽሰብ OBOO! 11100 8001011 11100 1000 011 ficefices YHOM (NORY) 1100 1100 àsáú OBÓD 111 00 8001 01 illed Medicil

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sommer Hot Mis

99 Grocery Store 240 N Pennsylvania Avenue Winter Park, FL 32789-3728

November 18, 2003

Florida Department of State Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern,

Enclosed please find the UBR and a check for \$150.00 for the above named corporation. I am asking that you accept this as the corporate filing fee for this corporation for 2003. I have struggled financially this year with my business, due in part to the economy and construction in the area. We have filed federal tax returns timely. I have a family to support and wish to be able to stay in business.

Sincerely,

Sas Man Kau Wong

President