

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043801

1. Entity Name
GASLINE SURVEYS, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90536 013 ***150.00

Principal Place of Business

1933 WHITEFIELD
PARK LOOP
SARASOTA FL 34243
US

Mailing Address

5900 S TAMiami TRAIL
STE 1
SARASOTA FL 34231
US

626739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1933 WHITFIELD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PARK LOOP

City & State
SARASOTA FL

City & State

4. FEI Number 65-0755782

Applied For
Not Applicable

Zip 34243 Country USA

Zip Country

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

ASTRONSKAS, CATHERINE L
5900 S TAMiami TRAIL
STE 1
SARASOTA FL 34231

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 Catherine L. Astronskas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-01

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
D
HANWAY, THOMAS D
1933 WHITEFIELD PARK LOOP
SARASOTA FL 34243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP
HANWAY, THOMAS D.
1933 WHITFIELD PARK LOOP
SARASOTA, FL 34243 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALLER, DAVID P
49 LORD TERRACE
CHICOPEE MA 01020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
HALLER, DAVID P.
49 LORD TERRACE
CHICOPEE, MA 01020 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/01

Daytime Phone #

941-755-8806

CR2E034 (10/00)