

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90076 013 ***150.00

DOCUMENT # P97000091815

1. Entity Name

PINE GAS, INC.

Principal Place of Business

1301 BERILLE RD
UNIT 19
DAYTONA FL 32119
US

Mailing Address

1301 BERILLE RD
UNIT 19
DAYTONA FL 32119
US

2. Principal Place of Business

1301 Berille Road
Suite, Apt. #, etc.
Unit 7

3. Mailing Address

1301 Berille Road
Suite, Apt. #, etc.
Unit 7

City & State
Daytona Beach
Zip
FL

City & State
Daytona Beach
Zip
FL 32119

4. FEI Number **59-3474948**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MICHAEL
1301 BERILLE RD
UNIT 19
DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name
Amendolagine, Michael
Street Address (P.O. Box Number is Not Acceptable)
1301 Berille Road
Unit 7
City
Daytona, FL Zip Code
32119

8. The above named entity submits this statement for the purpose of changing its registered office of 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, 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	PD	<input type="checkbox"/> Delete
NAME	AMENDOLAGINE, MICHAEL	
STREET ADDRESS	1301 BERILLE RD UNIT 19	
CITY-ST-ZIP	DAYTONA FL 32119	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AMENDOLAGINE, MARILYN	
STREET ADDRESS	1301 BERILLE RD UNIT 19	
CITY-ST-ZIP	DAYTONA FL 32119	
TITLE	STD	<input type="checkbox"/> Delete
NAME	OWJI, KHOSROW	
STREET ADDRESS	1766 SENECA BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OWJI, CAROLYN	
STREET ADDRESS	1766 SENECA BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amendolagine, Michael	
STREET ADDRESS	1301 Berille Road Unit 7	
CITY-ST-ZIP	Daytona, FL 32119	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amendolagine, Marilyn	
STREET ADDRESS	1301 Berille Road Unit 7	
CITY-ST-ZIP	Daytona, FL 32119	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owji Khosrow	
STREET ADDRESS	1766 Seneca Blvd	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owji Carolyn	
STREET ADDRESS	1766 Seneca Blvd	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)