

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092833

1. Entity Name  
NAT/PRO GAS SERVICES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90450 037 \*\*\*150.00

Principal Place of Business  
3375 NORTH TROPICAL TRAIL  
MERRITT ISLAND FL 32953

Mailing Address  
3375 NORTH TROPICAL TRAIL  
MERRITT ISLAND FL 32953-8222

2. Principal Place of Business  
3375 N. TROPICAL TRAIL  
Suite, Apt. #, etc.

3. Mailing Address  
3375 N. TROPICAL TRAIL  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
MERRITT ISLAND FL.  
Zip  
32953  
Country  
U.S.A.

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32953  
Country  
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4. FEI Number 59-3472474  
Applied For  
Not Applicable

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

FEDER, SUZY  
3375 NORTH TROPICAL TRAIL  
MERRITT ISLAND FL 32953

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	FEDER, SUZY	
STREET ADDRESS	3375 NORTH TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEDER, THOMAS	
STREET ADDRESS	3375 NORTH TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: THOMAS FEDER 4/23/00 321 459 0504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)