

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092833

1. Entity Name

NAT/PRO GAS SERVICES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90110 035 ***150.00

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

Mailing Address
3375 NORTH TROPICAL TRAIL
MERRITT ISLAND FL 32953

2. Principal Place of Business
6235 HALYARD CRT.

Suite, Apt. #, etc.

3. Mailing Address
6235 HALYARD CRT

Suite, Apt. #, etc.

City & State
ROCKLEDGE FL.

Zip
32955

Country

City & State
ROCKLEDGE FL.

Zip
32955

Country



DO NOT WRITE IN THIS SPACE

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

FEDER, SUZY
3375 NORTH TROPICAL TRAIL
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name FEDER SUZY
Street Address (P.O. Box Number is Not Acceptable)
6235 HALYARD CRT.
City ROCKLEDGE FL Zip Code 32955

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

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 D
NAME FEDER, SUZY
STREET ADDRESS 3375 NORTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

TITLE D
NAME FEDER, THOMAS
STREET ADDRESS 3375 NORTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition
NAME FEDER SUZY
STREET ADDRESS 6235 HALYARD CRT
CITY-ST-ZIP ROCKLEDGE FL. 32955

TITLE D ☐ Change ☐ Addition
NAME FEDER THOMAS
STREET ADDRESS 6235 HALYARD CRT.
CITY-ST-ZIP ROCKLEDGE FL. 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

THOMAS FEDER

4/24/01

Date

321 639 3456

Daytime Phone #

CR2E034 (10/00)