

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103161

1. Entity Name  
JOE'S GAS STATION, INC.

Principal Place of Business  
6540 INDUSTRIAL AVENUE  
PORT RICHEY FL 34668

Mailing Address  
8204 REYNOLDS DRIVE  
BAYONET POINT FL 34667  
US

2. Principal Place of Business  
3115 WEEDS CT

3. Mailing Address  
3115 WEEDS CT

Suite, Apt. #, etc.  
#201

Suite, Apt. #, etc.  
#201

City & State  
PALM HARBOR, FL.

City & State  
PALM HARBOR, FL.

Zip  
34685

Country  
FLORIDAS

Zip  
34685

Country  
FLORIDAS

## 6. Name and Address of Current Registered Agent

LITTLE, THOMAS C  
2123 NE COACHMAN ROAD  
SUITE A  
CLEARWATER FL 33765

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
(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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D VENTURA, JOE 6540 INDUSTRIAL AVENUE PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01 727-773-1459  
Date Daytime Phone #

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90105 028 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3489092

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

CR2E034 (10/00)