

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108310

1. Entity Name

COASTAL GAS SERVICE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90177 050 ***150.00

Principal Place of Business

8623 REGENCY PARK BLVD.
PORT RICHEY FL 34668

Mailing Address

8623 REGENCY PARK BLVD.
PORT RICHEY FL 34668-5742

2. Principal Place of Business

7204 S RAINBOW POINT
Suite, Apt. #, etc.

3. Mailing Address

9300 REGENCY PARK BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA, FL

City & State

PORT RICHEY, FL

4. FEI Number

59-3484295

Applied For

Not Applicable

Zip

34446

Country

CITRUS

Zip

34668-5023

Country

PASCO

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

OUELLETTE, RONALD W
8623 REGENCY PARK BLVD.
PORT RICHEY FL 34668

Name

Street Address (P.O. Box Number is Not Acceptable)

7204 S RAINBOW POINT

City HOMOSASSA

FL

Zip Code 34446

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]

RONALD W OUELLETTE

(NOTE: Registered Agent signature required when reinstating)

DATE 04/27/2000

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 P ☐ Delete
NAME OUELLETTE, RONALD W
STREET ADDRESS 6535 ELEANOR DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7204 S RAINBOW POINT
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD W OUELLETTE

Date

Daytime Phone #

04/27/2000

CR25012-01/01/01