

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008948

1. Entity Name

GAS SOLUTIONS INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90105 016 \*\*\*158.75

Principal Place of Business

460 DOUGLAS RD EAST  
 OLDSMAR FL 34677  
 US

Mailing Address

460 DOUGLAS RD EAST  
 OLDSMAR FL 34677-2948  
 US

2. Principal Place of Business

12749 Hillsborough Ave

3. Mailing Address

12749 Hillsborough Ave

Suite, Apt. #, etc.

A & B Suites

Suite, Apt. #, etc.

Suite B

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3489262

Applied For

Not Applicable

Zip

33635

Country

USA

Zip

33635

Country

USA

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

MURPHY, JOSEPHINE A  
 460 DOUGLAS RD EAST  
 OLDSMAR FL 34677

Name

Murray, Josephine A

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

12749 Hillsborough Ave, Suite B

City

Tampa

FL

Zip Code

33635

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

*Josephine A Murray*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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	PD	<input type="checkbox"/> Delete
NAME	MURRAY, JOSEPHINE A	
STREET ADDRESS	460 DOUGLAS RD E	
CITY-ST-ZIP	OLDSMAR FL 3467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MURRAY, Josephine A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12749 Hillsborough Ave	address
STREET ADDRESS	Suite B	
CITY-ST-ZIP	Tampa, FL 33635	
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		
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

*Josephine A Murray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(813) 84-2160

Daytime Phone #