

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019030

1. Entity Name
NORTH PINE GAS, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90029 048 ***150.00

Principal Place of Business
1301 BEVILLE RD #19
DAYTONA FL 32119

Mailing Address
1301 BEVILLE RD #19
DAYTONA FL 32119

C0022453



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1301 Beville Road Unit 7

3. Mailing Address
1301 Beville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona, FL

Daytona, FL

Zip

Country

Zip

Country

32119

U.S.A.

32119

USA

4. FEI Number 59-3495176

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

AMENDOLOGINE, MARILYN
1301 BEVILLE RD #19
DAYTONA FL 32119

Name

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

1301 Beville Road Unit 7

City

FL

32119

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 *Marilyn Amendologine*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
AMENDOLAGINE, MARILYN
1301 BEVILLE RD #19
DAYTONA FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Amendologine, Marilyn
1301 Beville Road Unit 7
Daytona, FL 32119 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
AMENDOLAGINE, MICHAEL
1301 BEVILLE RD #19
DAYTONA FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Amendologine, Michael
1301 Beville Road Unit 7
Daytona, FL 32119 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
OWJI, CAROLYN
1766 SENECA BOULEVARD
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Owji, Carolyn
1766 Seneca Boulevard
Winter Springs, FL 32708 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
OWJI, KHOSROW
1766 SENECA BOULEVARD
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Owji, Khosrow
1766 Seneca Boulevard
Winter Springs, FL 32708 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Marilyn Amendologine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01 386-322-0673
Date Daytime Phone #

CR2E034 (10/00)