FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

Zip Country, Zip Country 5. Certificate of Status Desired From Required 7. Name and Address of Current Registered Agent Name Street-Address (P.OBox: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 Signature hypedor 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 filling requirement and efects to do so. (See criteria on back) After May 1, Fee is \$550.00 After May 1, Fee is \$	DOCUMENT # P98000033365 1. Entity Name GAS Professional, Inc.						05-21-2002 91114 004 ***158.75		
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This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Country The Country To Name and Address of Current Registered Agent Name Street-Address (P.O. Box:Number is Not-Acceptable) The Address (P.O. Box:Number is Not-Acceptable) City FL Zip Code City FL Zip Code City To Dott, in the State of Florida. City To Dott, in the State of Florida. City To Dott, in the State of Florida. SIGNATURE Signature typed or prised name of registered agent and little if applicable. (NOTE: Registered Agent signature required when resistating) DATE January 1 - May 1 Foe is \$150.00 After May 1, Fee is \$150.00 Amended UBBs \$81.25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Fees Trust Fund Contribution.	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPA	CE ,
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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 on an attachment with an address, with all other like empowered.