

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90158 040 ***150.00

DOCUMENT # **P98000050582**

1. Entity Name
TOTAL GAS & ELECTRICITY (PA), INC.



Principal Place of Business
**750 HIGHWAY 34
MATAWAN NJ 07747**

Mailing Address
**750 HIGHWAY 34
MATAWAN NJ 07747**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
2187 ATLANTIC STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 120011

City & State

City & State

STAMFORD, CT

Zip

Country

Zip

Country

06912-0011

USA

4. FEI Number **65-0841209**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
SEVIN, IRIK P
2187 ATLANTIC STREET
STAMFORD CT 06902** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KINNEARY, BILL
750 HIGHWAY 34
MATAWAN NJ 07747** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AMBURY, RICHARD F
2187 ATLANTIC STREET
STAMFORD CT 06902** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TRAUBER, AMI
2187 ATLANTIC ST.
STAMFORD CT 06902** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SEVIN, AUDREY L
2187 ATLANTIC ST.
STAMFORD CT 06902** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/O ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SHAPIRO, ALAN
666 FIFTH AVE., 28TH FLOOR
NEW YORK NY 10103** ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Audrey L. Sevin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/03 (203) 325-5400

CR2E034 (10/02)