

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098747

1. Entity Name

THE GASMAN INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90083 041 ***150.00

Principal Place of Business

4453 SW 63RD AVE
DAVIE FL 33314

Mailing Address

4453 SW 63RD AVE
DAVIE FL 33314-3444

2. Principal Place of Business

6260 Falls Circle Dr.

Suite, Apt. #, etc.

Apt. 202

City & State

Lauderhill, FL

Zip

33319

Country

Broward

3. Mailing Address

6260 Falls Circle Dr.

Suite, Apt. #, etc.

Apt. 202

City & State

Lauderhill, FL

Zip

33319

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0891150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, ED
4453 SW 63RD AVE
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

COX, ED

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

6260 Falls Circle Dr.

Apt 202

City

Lauderhill

FL

Zip Code

33319

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, 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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS COX, ED
CITY-ST-ZIP 4453 SW 63RD AVE
DAVIE FL 33314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS COX, ED
CITY-ST-ZIP 6260 Falls Circle Dr. #202
Lauderhill, FL 33319

TITLE ☐ Change ☒ Addition
NAME S/D
STREET ADDRESS COX, PATRICIA
CITY-ST-ZIP 6260 Falls Circle Dr. #202
Lauderhill, FL 33319

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00 954 676-5848
Date Daytime Phone #

CR2E034 (9/99)