

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/16

FILED

May 03, 2001 8:00 am  
Secretary of State

04-16-2001 90480 041 \*\*\*150.00

DOCUMENT # P98000098747

1. Entity Name  
THE GASMAN INC.

Principal Place of Business  
6260 FALLS CIRCLE DR  
APT. 202  
LAUDERHILL FL 33319

Mailing Address  
6260 FALLS CIRCLE DR  
APT. 202  
LAUDERHILL FL 33319

041210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
311 WASHINGTON AVE  
Suite, Apt. #, etc.

2. Mailing Address  
311 WASHINGTON AVE  
Suite, Apt. #, etc.

City & State  
LAKE MARY, FL  
Zip  
32746  
Country  
SEMIPOLE

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LAKE MARY, FL  
Zip  
32746  
Country  
SEMIPOLE

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

7. Name and Address of New Registered Agent

COX, ED  
6260 FALLS CIRCLE DR  
APT 202  
LAUDERHILL FL 33319

Name  
Street Address (P.O. Box Number is Not Acceptable)  
311 WASHINGTON AVE  
City LAKE MARY FL Zip Code 32746

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/13/01

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	PD COX, ED 6260 FALLS CIRCLE DR., #202 LAUDERHILL FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, PATRICIA 6260 FALLS CIRCLE DR., #202 LAUDERHILL FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 Brushcreek Drive SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 Brushcreek Drive SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/26/01 407 509-7029  
Daytime Phone #

CR2E034 (10/00)