

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90030 045 ***150.00

DOCUMENT # P98000104844

1. Entity Name
MADELINE GAS, INC.

Principal Place of Business

**1301 BEVILLE ROAD, UNIT 7
 DAYTONA BEACH FL 32119**

Mailing Address

**1301 BEVILLE ROAD, UNIT 7
 DAYTONA BEACH FL 32119**

2. Principal Place of Business

**1301 Beville Rd
 Suite, Apt. #, etc. Unit 7**

3. Mailing Address

**1301 Beville Rd
 Suite, Apt. #, etc. Unit 7**

City & State

**Daytona Beach FL
 Zip 32119 Country USA**

City & State

**Daytona Beach, FL
 Zip 32119 Country USA**

4. FEI Number **59-3556171**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMENDOLAGINE, MARILYN
 1301 BEVILLE ROAD, UNIT 19
 DAYTONA BEACH FL 32119**

7. Name and Address of New Registered Agent

**Amendolagine, Marilyn
 Street Address (P.O. Box Numbers Not Acceptable)
 1301 Beville Road Unit 7
 City Daytona FL Zip Code 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 Amendolagine**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/15/01
 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

TITLE **PD** ☐ Delete
 NAME **AMENDOLAGINE, MICHAEL**
 STREET ADDRESS **1301 BEVILLE ROAD, UNIT 7**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **DVST** ☐ Delete
 NAME **AMENDOLAGINE, MARILYN**
 STREET ADDRESS **1301 BEVILLE ROAD, UNIT 7**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **TD** ☒ Delete
 NAME **OWJI, ELHAM**
 STREET ADDRESS **104 SHELL FLOWER COVE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE **VST D** ☐ Change ☐ Addition
 NAME **Amendolagine, Marilyn**
 STREET ADDRESS **1301 Beville Road Unit 7**
 CITY-ST-ZIP **Daytona Beach, FL 32119**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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)(l), 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 Amendolagine** **2/15/01** **386-322-0673**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0007004

CR2E034 (10/00)