FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026131

1. Entity Name
Headley's Natural Gas Consulting, Inc

FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90186 045 ***150.00

DO NOT WRITE IN THIS SPACE						90058556			
2. Principal P 220 Win Suite, Apt	Place of Business 2 Avenue A N.W. ter Haven, FL 33880 . #, etc.	3. Mailing Address 2202 Avenue) Winter Have Suite, Apt. #, etc.	A N.W	33880		DO NOT WRITE	IN THIS SPAC	E	
City & State		0:-0.0							
		City & State			4. FEI Number	75507		Applied For	
Winter Haven, FI. Zip Country		Winter Haven, FL Zip Country			·		Not Applicable		
3388		33880	USA		Certificate of :	Status Desired		75 Additional Required	
alicanos mar abros.			AN ALPHANIAN	7.	Name and Add	ress of Current Re	gistered Age	nt	
			Name	41	Donald	т			
DO_NOT WRITE			Headley, Donald L. Street Address (P.O. Box Number is Not Acceptable)						
2000 A-raman A NT TU									
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		on the state of the state of the state of	City						
Andreas Andreas			Win	ter Ha	aven		FL 4	33880	
8. The above	e named entity submits this statement for the	ne purpose of changing its re	egistered office o	r registered	agent, or both, in	n the State of Florid	a. I am familia	r with, and accept	
the obligat	tions of registered agent.								
SIGNATURE .		,				•			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Jai	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00				A Floatio	- 6		A- A-	
Maka Chack	Amended UBR is \$61.25 Payable to Florida Department of Si					n Campaign Finand und Contribution.	ing .	\$5.00 May Be Added to Fees	
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2. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

3/19/03 863-294-904,

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