

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-24-2003 90186 045 ***150.00

DOCUMENT # P99000026131

1. Entity Name

Headley's Natural Gas Consulting, Inc.



DO NOT WRITE IN THIS SPACE

90058556

2. Principal Place of Business

2202 Avenue A N.W.
Winter Haven, FL 33880

3. Mailing Address

2202 Avenue A N.W.
Winter Haven, FL 33880

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-3565721

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33880

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Headley, Donald L.

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

2202 Avenue A N.W.

City

Winter Haven

FL

Zip Code
33880

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

•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

TITLE

D

NAME

Headley, Donald L.

STREET ADDRESS

2202 Avenue A N.W.

CITY-ST-ZIP

Winter Haven, FL 33880

TITLE

president

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

Headley, Virginia A.

STREET ADDRESS

2202 Avenue A N.W.

CITY-ST-ZIP

Winter Haven, FL 33880

TITLE

Secretary

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald L. Headley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03

Date

863-294-9046

Daytime Phone #

CR2E034B (12/02)