

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90052 016 ***150.00

DOCUMENT # P99000031129

1. Entity Name
GAS TRACK, INC.

Principal Place of Business 254 DRIGGS DRIVE WINTER PARK FL 32793-4249	Mailing Address PO BOX 4249 WINTER PARK FL 32793-4249
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-357 3431	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMES, LAURENCE C
390 N ORANGE AVE STE 2500
ORLANDO FL 32801**

Name
B&C CORPORATE SERVICES CENTRAL FLORIDA, INC
 Street Address (P.O. Box Number is Not Acceptable)
390 N. ORANGE AVE
SUITE 1100
 City
ORLANDO **FL** Zip Code
32801

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  DATE **4/13/00**
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when reinstating.
Anthony W. Palma, Vice President

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		DP JAMES B BRYAN III P.O. BOX 4249 WINTER PARK, FL 32793	
		VS CHERYL SCHMIDT P.O. BOX 4249 WINTER PARK, FL 32793	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VT BETTY MASON P.O. BOX 4249 WINTER PARK, FL 32793	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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:  DATE **4/14/2000** DAYTIME PHONE # **407-678-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)