

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033208

1. Entity Name
EASY-GAS, INC.

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90010 011 ***158.75

0542164 AV

Principal Place of Business
14106 US HWY 19
HUDSON FL 34667

Mailing Address
14106 US HWY 19
HUDSON FL 34667



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9400 US HWY 19
Suite, Apt. #, etc.
PORT RICHEY

3. Mailing Address
14106 US 19
Suite, Apt. #, etc.

City & State
FLORIDA

City & State
HUDSON FL

4. FEI Number
59-3678421

Applied For
Not Applicable

Zip
34668

Country
PASCO

Zip
34667

Country
PASCO

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

~~YEPES, EFRAIN~~
14106 US HWY 19
HUDSON FL 34667

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 ☐ Delete
NAME D
STREET ADDRESS YEPES, EFRAIN
CITY-ST-ZIP 14106 US HWY 19
HUDSON FL 34667

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS LUIS FERNANDO YEPES
CITY-ST-ZIP 9650 WOODHOLLOW CT,
NEW PORT RICHEY FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(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 REQUIRED DIRECTOR 01/04/02 727-819-9233
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)