

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077660

1. Entity Name
GAS ONE, INC.

Principal Place of Business
9620 NW 66TH PLACE
PARKLAND FL 33076

Mailing Address
9620 NW 66TH PLACE
PARKLAND FL 33076

2. Principal Place of Business
4525 W. ATLANTIC AVE Delray Bch FL 33445
Suite, Apt. #, etc.

3. Mailing Address
4525 W. ATLANTIC AVE Delray Bch FL 33445
Suite, Apt. #, etc.

City & State
Delray Bch FL
Zip 33076
Country Palm Bch

City & State
Delray Bch FL
Zip 33445
Country Palm Bch

4. FEI Number APPLIED FOR
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNAY, GARY S
5355 TOWN CENTER RD, SUITE 801
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PTD
NAME WALTUCH, RANDALL E
STREET ADDRESS 9620 NW 66TH PLACE
CITY-ST-ZIP PARKLAND FL 33076 ☐ Delete

TITLE VD
NAME WALTUCH, NORTON
STREET ADDRESS 9620 NW 66TH PLACE
CITY-ST-ZIP PARKLAND FL 33076 ☐ Delete

TITLE SD
NAME WALTUCH, KIM
STREET ADDRESS 9620 NW 66TH PLACE
CITY-ST-ZIP PARKLAND FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 13, 2001 8:00 am
Secretary of State

02-16-2001 90019 009 ***150.00
09-13-2001 90045 034 ***550.00



DO NOT WRITE IN THIS SPACE

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AV

CR2E034 (5/01)

7/27/01 561-866-8444