

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90085 032 ***150.00

03-08-93 AV

DOCUMENT # P99000077660

1. Entity Name
GAS ONE, INC.

Principal Place of Business Mailing Address

4525 W ATLANTIC AVE **4525 W ATLANTIC AVE**
DELRAY BEACH FL 33076 **DELRAY BEACH FL 33076**



2. Principal Place of Business 3. Mailing Address

4525 West Atlantic *4525 West Atlantic*

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

Delray Bch FL *Delray Bch FL*

Zip Country Zip Country

33445 USA *33076 USA*

4. FEI Number Applied For

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 *Randall E WALTUCH*

Street Address (P.O. Box Number is Not Acceptable)
4525 W ATLANTIC AVE

City *Delray Bch* **FL** Zip Code *33445*

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 _____ (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 \$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	PTD WALTUCH, RANDALL E	TITLE	
NAME		NAME	
STREET ADDRESS	9620 NW 66TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33076	CITY-ST-ZIP	
TITLE	VD WALTUCH, NORTON	TITLE	
NAME		NAME	
STREET ADDRESS	9620 NW 66TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33076	CITY-ST-ZIP	
TITLE	SD WALTUCH, KIM	TITLE	
NAME		NAME	
STREET ADDRESS	9620 NW 66TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33076	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *1/15/02* *561 865 1865*

Day Daytime Phone #

CR2E034 (9/01)