

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2002 90085 032 \*\*\*150.00

**DOCUMENT # P99000077660**

1. Entity Name  
**GAS ONE, INC.**

Principal Place of Business  
**4525 W ATLANTIC AVE**  
**DELRAY BEACH FL 33076**

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

2. Principal Place of Business  
**4525 West Atlantic**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4525 West Atlantic**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Delray Bch FL**  
 Zip **33445** Country **USA**

City & State  
**Delray Bch FL**  
 Zip **33076** Country **USA**

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 **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 \_\_\_\_\_  
 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 \$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**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WALTUCH, RANDALL E	
STREET ADDRESS	9620 NW 66TH PLACE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALTUCH, NORTON	
STREET ADDRESS	9620 NW 66TH PLACE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALTUCH, KIM	
STREET ADDRESS	9620 NW 66TH PLACE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/02** **561.865.1865**  
 Date Daytime Phone #

CR2E034 (9/01)