

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S42204

1. Entity Name

FLORIDA GAS SYSTEMS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90087 049 ***150.00

Principal Place of Business

811 BARNETT DRIVE
LAKE WORTH FL 33461

Mailing Address

811 BARNETT DRIVE
LAKE WORTH FL 33461-3340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0252142

Applied For

Not Applicable

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

REYNOLDS, JON J.

~~4059 LAKEWOOD RD.~~

~~LAKE WORTH FL 33461~~

ADDRESS CHANGE
ONLY

Name

Street Address (P.O. Box Number is Not Acceptable)

965 MANOR DR #8

City PALM SPRINGS

FL

Zip Code 33461

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, 2000 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
NAME PVST
STREET ADDRESS REYNOLDS, JON J.
CITY-ST-ZIP ~~4059 LAKEWOOD RD.~~
~~LAKE WORTH FL~~

☐ Delete

TITLE
NAME
STREET ADDRESS 965 MANOR DR #8
CITY-ST-ZIP PALM SPRINGS, FL. 33461

☒ Change

☐ Addition

TITLE
NAME D
STREET ADDRESS REYNOLDS, J. MICHAEL
CITY-ST-ZIP 4059 LAKEWOOD RD.
LAKE WORTH FL

☐ Delete

TITLE
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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

JON J. REYNOLDS PRES.

4/1/00

561-582-4304

Date

Daytime Phone #