

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90340 016 ***550.00

DOCUMENT # V03228

1. Entity Name

GAYS CHEVRON SERVICE INC.

Principal Place of Business

**113 MONUMENT AVE
 PORT ST JOE FL 32456**

Mailing Address

**113 MONUMENT AVE
 PORT ST JOE FL 32456**

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

59-3100655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TROY GRAY
 113 MONUMENT AVENUE
 PORT ST JOE FL 32456**

7. Name and Address of New Registered Agent

Name **JOE LEVINS**

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

113 MONUMENT AVE

City **PORT ST. JOE**

FL

Zip Code **32456**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joe Levins

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

(NOTE: Registered Agent signature required when reinstating)

7/18/02

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Delete
 NAME **GAY, TROY**
 STREET ADDRESS **113 MONUMENT AVENUE**
 CITY-ST-ZIP **PORT ST. JOE FL 32456**

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

TITLE **DV** ☐ Delete
 NAME **LEVINS, JOE**
 STREET ADDRESS **113 MONUMENT AVE**
 CITY-ST-ZIP **PORT ST. JOE FL 32456**

TITLE **DPT** ☒ Change ☐ Addition
 NAME **LEVINS, JOE**
 STREET ADDRESS **113 MONUMENT AVE**
 CITY-ST-ZIP **PORT ST. JOE, FL 32456**

TITLE **S** ☒ Delete
 NAME **PRICE, BETTY L**
 STREET ADDRESS **113 MONUMENT AVE**
 CITY-ST-ZIP **PORT ST. JOE FL 32456**

TITLE **VP** ☐ Change ☒ Addition
 NAME **LEVINS, MILDRED**
 STREET ADDRESS **113 MONUMENT AVE**
 CITY-ST-ZIP **PORT ST. JOE, FL 32456**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
 NAME **HOWELL, ANN**
 STREET ADDRESS **113 MONUMENT AVE**
 CITY-ST-ZIP **PORT ST. JOE, FL 32456**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Mildred Levins* **REQUIRED** *Mildred LEVINS* **7/18/02** **850-229-8091**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)