2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 385869 1. Entity Name						7 7 7 × 1 * 1 ·	ett.	• •		
BEST LINE OIL CO., INC.					FILED					
					(00 APR 27	PM 3:	49		
Principal Plac		Mailing Address				SECRETARY OF STATE				
004 Durham Street O Box 5238 'Ampa Fl 33605		2004 DURHAM STREET PO BOX 5238 TAMPA FLA 33605-6068			TALLAHASSEE, FLORIDA					
2 Principal P	flace of Business	3. Mailing Address								
1302 N. 19th St.		P. O. Box 5238				4 4 5 5 6 5 6 5	OLI OFEN DUBLE BY	ALI BIBIH BIBIH		
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Suite City & State		City & State			El Number	E0.4964409		Ap	plied For]
Tampa, FL Country		Tampa, FL				59-1361493			t Applicable]
	•	Zip 33675	Country USA	5. 0	Certificate of S	tatus Desired		3.75 Addi		
3360	6. Name and Address of Current R			7. N	Name and Add	dress of New Re	-			_
			Name							
CAPITANO, JOSEPH JR. 2004 DURHAM STREET TAMPA FL 33605			Street Ac 1_3.0	Street Address (P.O. Box Number is Not Acceptable) 13.02 N. 19th St., Ste. 300						
			City TAm	na		FL Zip Code 3.3605				
8. The above	named entity submits this statement for	the purpose of changing its re			ent, or both, in	the State of Flori	ida.			
SIGNATURE _	Signature, typed or printed name of registered agent ar	d title (Papplicable. NOTE: R	egistered Agent signatu	re required when re	einstating)	4	-24.	-00		
Tax filling re	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW!!! After MAY 1, 2000 Make Check Payable		50.00		n Campaign Fina und Contribution	· -		May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CH	ANGES TO OFFIC]_
TITLE	PD CARITANO IOCEDII	☐ Delete	TITLE				, x	Change	☐ Addition	66/6
NAME STREET ADDRESS	CAPITANO, JOSEPH 2004 DURHAM ST.		NAME STREET ADDRESS	1302 1	N. 19t	h St., S	Ste. 3	00		1 R2En34 (9/99)
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Tampa,	_FL	33605				- 22
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VD GARCIA, ALFONSO 2004 DURHAM ST. TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		N. 19tl	h St., S		⊋ ^{Change} 00	☐ Addition	8
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		00	0003 -05/04	2389 2389 20001 58.75	Change Change 1007	□ Addition 9 -012 58 75	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				7	Change	Addition	<u></u>
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my vered to execute this report as	signature shall h	ave the same I	legal effect as	if made under oa	ath: that I am	an officer	or director	

4-26-60 Date