2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State
01-22-2001 90139 035 ***150.00

0521811

DOCUMENT # 385869

1. Entity Name
BEST LINE OIL CO., INC.

Principal Place of Business	Mailing Address
1302 N. 19TH ST.. SUITE 300 TAMPA FL 33605	P.O. BOX 5238 TAMPA FL 33675

606266

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
219 NTH 20TH STREET	P.O. BOX 5238
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA FL
Zip: 33605 Country: AMERICA UNITED STATES	Zip: 33675 Country: USA

4. FEI Number 59-1361493 ☐ 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
CAPITANO, JOSEPH JR 1302 N. 19TH ST., SUITE 300 TAMPA FL 33605	Name: GARCIA, ALFONSO Street Address (P.O. Box Number is Not Acceptable): 219 NTH 20TH STREET City: TAMPA FL Zip Code: 33605

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] JOSEPH CAPITANO JR 1/5/01
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, 2001 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 / STREET ADDRESS / CITY-ST-ZIP	PD CAPITANO, JOSPEH 1302 N. 19TH ST., SUITE 300 TAMPA FL 33605	☐ Delete	PD CAPITANO, JOSEPH 219 N. 20 ST TAMPA, FL 33605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARCIA, ALFONSO 1302 N. 19TH ST., SUITE 300 TAMPA FL 33605	☐ Delete	VD GARCIA, ALFONSO 219 N. 20 ST TAMPA, FL 33605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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] 1-5-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #