

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 632445**

1. Entity Name

**REPUBLIC OIL CO.****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90047 007 \*\*\*150.00

Principal Place of Business <b>205 SOUTH HOOVER STREET TAMPA FL 33609</b>	Mailing Address <b>205 SOUTH HOOVER STREET TAMPA FL 33609-3500</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-1956431**

Applied For

Not Applied

Zip

Country

Zip

Country

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****HUGHEY, MIKE  
205 S. HOOVER STREET  
TAMPA FL 33609**

Name

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

City

**FL**

Zip Code

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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	FARMER, JD	
STREET ADDRESS	205 S HOOVER ST #400	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGHEY, MIKE	
STREET ADDRESS	205 S HOOVER ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARTER, SHIRLEY H	
STREET ADDRESS	205 S HOOVER ST	
CITY-ST-ZIP	TAMP FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAWLINS, WANITA M.	
STREET ADDRESS	205 S. HOOVER ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	BROWNE, DAN	
STREET ADDRESS	205 S. HOOVER ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THATCHER, CAROLYN	
STREET ADDRESS	205 S HOOVER ST, SUITE 400	
CITY-ST-ZIP	TAMPA FL 33609	

**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

Date

Daytime Phone #