

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 632445**1. Entity Name
REPUBLIC OIL CO.**FILED**
Mar 09, 2001 8:00 am
Secretary of State
03-09-2001 90500 048 ***150.00

0343561

Principal Place of Business
**205 SOUTH HOOVER STREET
TAMPA FL 33609**Mailing Address
**205 SOUTH HOOVER STREET
TAMPA FL 33609****00023853**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1956431**

Applied For

Not Applicable

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) DATE9. 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 State10. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

CR2E034 (10/00)

(813) 286 2323