

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90299 043 ***150.00

03/03/01

DOCUMENT # H85948

1. Entity Name
SUPERTEST OIL COMPANY

Principal Place of Business

% L. M. HUGHEY
 205 S HOOVER ST
 TAMPA FL 33609

Mailing Address

% L. M. HUGHEY
 205 S HOOVER ST
 TAMPA FL 33609

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 **59-2602169**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

HUGHEY, L.M.
205 S HOOVER ST
TAMPA FL 33609

7. Name and Address of New Registered Agent

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, 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 PD Delete
 NAME HUGHEY, L.M.
 STREET ADDRESS 205 S HOOVER ST
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME CARTER, SHIRLEY H.
 STREET ADDRESS 205 S HOOVER ST
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VASD Delete
 NAME BROWNE, J. DANFORTH
 STREET ADDRESS 205 S. HOOVER ST.
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME FARMER, JD
 STREET ADDRESS 205 S HOOVER ST #400
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME RAWLINS, WANITA
 STREET ADDRESS 205 S. HOOVER ST.
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME THATCHER, CAROLYN
 STREET ADDRESS 205 S HOOVER ST #400
 CITY-ST-ZIP TAMPA FL

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Hughey

Pres

1/31/01

813 286 2323

Date

Daytime Phone #

CR2E034 (10/00)