

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90084 018 ***150.00

DOCUMENT # L84086

1. Entity Name

RISSE OIL CORPORATION

Principal Place of Business

Mailing Address

2865 EXECUTIVE DRIVE
 C/O COPPERWHEAT, JACQUELYN
 CLEARWATER FL 33762
 US

2865 EXECUTIVE DRIVE
 C/O COPPERWHEAT, JACQUELYN
 CLEARWATER FL 33762-3316
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3017760

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, MARTIN ERROL
333 THIRD AVE N.
SUITE 235
ST PETERSBURG FL 33701

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	RISSE, P. N. III	2865 EXECUTIVE DRIVE	CLEARWATER FL	<input type="checkbox"/>
	P			
	MITCHELL, BRUCE	2865 EXECUTIVE DRIVE	CLEARWATER FL	<input type="checkbox"/>
	S			
	COPPERWHEAT, JACQUELYN	2865 EXECUTIVE DRIVE	CLEARWATER FL	<input type="checkbox"/>
	V			
	KATCHUK, KERRY	2865 EXECUTIVE DRIVE	CLEARWATER FL	<input type="checkbox"/>
	T			
	HARRISON, SHARON	2865 EXECUTIVE DRIVE	CLEARWATER FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Jacquelyn M. Copperwheat* **2/28/00 (727) 573-4000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Corp Secy