

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

0456564 AV

04-07-2003 90221 003 \*\*\*150.00

**DOCUMENT # P94000090238**



1. Entity Name  
**IMPERIAL OIL COMPANY**

Principal Place of Business  
**205 SO. HOOVER STREET  
TAMPA FL 33609**

Mailing Address  
**205 SO. HOOVER STREET  
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 **59-3284292**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$.875** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, J. STYLES  
205 S. HOOVER ST., #400  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGHEY, L M	
STREET ADDRESS	205 SO. HOOVER STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARTER, SHIRLEY A	
STREET ADDRESS	205 SO. HOOVER STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FARMER, JD	
STREET ADDRESS	205 S HOOVER ST #400	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THATCHER, CAROLYN	
STREET ADDRESS	205 S HOOVER ST, SUITE 400	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAWLINS, WANITA	
STREET ADDRESS	205 HOOVER BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
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		
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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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 813 286 2323  
Date Daytime Phone #

CR2E034 (10/02)