

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 446659

1. Entity Name

EDISON OIL COMPANY

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90164 040 ***158.75

Principal Place of Business

Mailing Address

3925 DR M L KING BLVD
FT MYERS FL 33916
US

PO BOX 982
FT MYERS FL 33902-0982
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1512831

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

EAKINS, WALTER E SR
3006 PALM BEACH RD
FT MYERS FL 33916

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 _____ (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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	EAKINS, SR. WALTER E.	10836 POND RIDGE DR FORT MYERS FL 33913				
	DVT	HENSHAW, JR., DONALD M.	11512 TIMBERLINE CIR FT MYERS FL				
	SD	EAKINS, WALTER E SR	13890 SLEEPY HOL LN SE FT. MYERS SHORES FL				
	DVS	OLIVER, ROBERT H.	19211 PERSIMMON RIDGE RD ALVA FL 33920				
	DVT	EAKINS, WALTER E J	13503 ISLAND RD. FT MYERS FL				

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: Walter E Eakins Date: 4/5/00 Daytime Phone #: 941-334-0151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #