

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90313 050 \*\*\*150.00

**DOCUMENT # 291403**

1. Entity Name  
**PAY-LESS OIL CO INC**

Principal Place of Business

6205 N DALE MABRY HWY  
 PO BOX 151529  
 TAMPA FL 33684-1529  
 US

Mailing Address

6205 N DALE MABRY HWY  
 PO BOX 151529  
 TAMPA FL 33684-1529  
 US

**80041499**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6035 N. DALE MABRY HWY**  
 Suite, Apt. #, etc.

3. Mailing Address

**6035 N. DALE MABRY HWY**  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1095405**

Applied For  
 Not Applicable

Zip **33614**

Country

Zip **33614**

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MEISTER, HENRY W**  
**6205 N. DALE MABRY HWY.**  
**TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**6035 N. DALE MABRY HWY**  
 City **FL** Zip Code **33614**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEISTER, H W</b> <b>6205 N. DALE MABRY</b> <b>TAMPA FL 33614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEISTER, ANN B.</b> <b>6205 N DALE MABRY</b> <b>TAMPA FL 33614</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6035 N. DALE MABRY HWY</b> <b>33614</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PRESIDENT</b> <b>SCOTT B. MEISTER</b> <b>6035 N. DALE MABRY HWY</b> <b>TAMPA, FL 33614</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 make 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 no other fee authorized.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SCOTT B. MEISTER, PRESIDENT**

**4/20/01 (813) 872-8180**  
 Date Daytime Phone #

CR2E034 (10/00)