

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90055 042 ***150.00

0340874

DOCUMENT # 134407

1. Entity Name
CENTRAL OIL CO INC

Principal Place of Business

**CENTRAL OIL CO.
 1001 MCCLOSKEY BLVD.
 TAMPA FL 33605
 US**

Mailing Address

**CENTRAL OIL CO.
 1001 MCCLOSKEY BLVD.
 TAMPA FL 33605
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0914530**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

BUU10000



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCINTYRE, JAMES E
 1001 MCCLOSKEY BLVD.
 TAMPA FL 33605**

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island rd

City
Plantation

FL

Zip Code
33324

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 *Dale H. Morris*

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ASD
 BONDURANT, ROBERT D
 4200 STONE RD.
 KILGORE TX 75663** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 MARTIN, RUBEN S III
 4200 STONE RD.
 KILGORE TX 75663** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 NEUMEYER, DONALD R
 4200 STONE RD.
 KILGORE TX 75663** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 SKELTON, WESLEY
 4200 STONE RD.
 KILGORE TX 75663** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 MCINTYRE, JAMES E
 1001 MCCLOSKEY BLVD.
 TAMPA FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 Earl G. Jackson
 107 St. Francis Street, Suite 100
 Mobile, AL 36602** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 DICK, TIM
 1001 MCCLOSKEY BLVD.
 TAMPA FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 Mari Odum
 107 St. Francis Street, Suite 100
 Mobile, AL 36602** ☐ Change ☒ 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:

Mari Odum *Mari Odum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

334-433-4972

Daytime Phone #

CR2E034 (10/00)