2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 09, 2000 8:00 am Secretary of State **DOCUMENT # 139984** 1. Entity Name COASTAL PETROLEUM COMPANY 02-09-2000 90088 037 ***150.00 Principal Place of Business Mailing Address P.O. BOX 609 29 AVE E SUITE 208 APALACHICOLA FL 32329-0609 APALACHICOLA FL 32329 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 06-0674801 Not Applicable Country \$8.75 Additional 5.- Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 🗥 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. D ☐ Delete TITLE ☐ Change HEATH, BENJAMIN W. NAME

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 9. This corporation is eligible to satisfy its Intangible 11. TITLE Addition NAME STREET ADDRESS STREET ADDRESS 1600 DOVE ST STE 415 CITY-ST-ZIP CITY-ST-ZIP **NEWPORT BCH CA 92660** ☐ Delete TITLE Change Addition TITLE NAME NAME MONROE JOHN D STREET ADDRESS 2801 BOULDER CT STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP SEBRING FL 33872 ☐ Addition ☐ Change TITLE ☐ Delete TITL F WARE, PHILLIP W. NAME NAME STREET ADDRESS STREET ADDRESS 78-8 MARKET STREET CITY-ST-7IP CITY-ST-ZIP APALACHICOLA FL 32320 ☐ Change ☐ Addition ☐ Delete TITLE TITLE JOYCE, JAMES R NAME NAME STREET ADDRESS STREET ADDRESS 149 DURHAM ROAD, OAK PARK UNIT 31 CITY-ST-ZIP CITY-ST-ZIP MADISON CT 06443 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: