

2002
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90308 010 ***150.00

DOCUMENT # 156443
 1. Entity Name
TOM MCDONALD OIL COMPANY INC

DO NOT WRITE IN THIS SPACE

420491

2. Principal Place of Business 1217 BAYSHORE BLVD Suite, Apt. #, etc.	3. Mailing Address 1217 BAYSHORE BLVD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State INDIAN ROCKS BEACH, FL	City & State INDIAN ROCKS BEACH, FL
Zip 33785	Country USA

4. FEI Number 59-0601991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name MARTINDALE, MARYANN
Street Address (P.O. Box Number is Not Acceptable) 1217 BAYSHORE BLVD
City INDIAN ROCKS BEACH, FL
Zip Code 33785

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINDALE, MARYANN 1217 BAYSHORE BLVD INDIAN ROCKS BEACH, FL 33785-2829	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARTINDALE, NEWELL 1217 BAYSHORE BLVD INDIAN ROCKS BEACH, FL 33785-2829	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maryann Martindale* **MARYANN MARTINDALE** *2/21/2002* **727-596-0638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #