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## 2002 Uniform Business Report (UBR)

## Apr 08, 2002 8:00 am Secretary of State DOCUMENT # 294470 1. Entity Name 04-08-2002 90233 044 \*\*\*150 00 CARGO GASOLINE CO Principal Place of Business Mailing Address 205 HOOVER ST. 205 HOOVER ST. **TAMPA FL 33609 TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1097660 Not Applicable Zip. Country Zip 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 HUGHEY, MIKE Street Address (P.O. Box Number is Not Acceptable) 205 SOUTH HOOVER TAMPA FL 33609 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. TITLE **Delete** TITLE ☐ Change ☐ Addition CR2E034 (9/01 RAWLINS, WANITA M. NAME NAME 205 S HOOVER ST STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE **PSD** Delete TITLE ☐ Change ☐ Addition NAME HUGHEY, MIKE NAME STREET ADDRESS STREET ADDRESS 205 S HOOVER ST CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME JAMES D. FARMER STREET ADDRESS STREET ADDRESS 205 S. HOOVER STREET, #400 CITY\_ST-ZIP TAMPA FL CÎTY-ST-ZIP ☐ Delete TITLE Change - El-Addition TITLE **VPD** NAME CARTER, SHIRLEY NAME STREET ADDRESS STREET ADDRESS 205 S HOOVER ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE **ASD** TITLE Change ☐ Addition NAME BROWNE, DAN NAME 205 S. HOOVER ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition THATCHER, CAROLYN NAME NAME STREET ADDRESS 205 S HOOVER ST STREET ADDRESS CLTY ST-ZIP. TAMPA FL 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.