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

FILED Feb 27, 2002 8:00 am Secretary of State 02-27-2002 90066 047 ***150.00

DOCUMENT # 1. Entity Name	300218	
Risser Petro	oleum, Inc.	,

R	lisser P	letroleum, Inc		V							
DO NOT WRITE IN THIS SPACE							825404				
2. Principal Place of Business 2865 Executive Drive Suite, Apt. #, etc.		3. Mailing Address 2865 Executive Drive Suite Apt. #. etc.		,	DO NOT WRITE IN THIS SPACE						
City & State Clearwater, FL			City & State Cleaswater, FL				4. FEI Number Applied For Not Applied Sq - 1205835 Not Applied Box				
Zip 3376		Country U.S.	Zip 33762	Cour	try		5. Certificate of Sta	tus Desired	Fee_	.75 Additional Required	
DO NOT WRITE IN THIS SPACE				Street A	7. Name and Address of Current Registered Agent RICE MARTIN ERROL Address (P.O. Box Number is Not Acceptable) 33. Third Avenue North						
8. The above	e named entity	submits this statement for	the purpose of changing its	registere	City S	t. Pete	ersburg	e State of Florida		Zip Code 3370(
SIGNATURE		or printed name of registered agent an				ure required wha	an reinstating)		DATE		
Tax filing r		ble to satisfy its Intangible nd elects to do so.	January 1 - M After May Amended Make Check Payab	1, Fee i 1 UBR i	s \$550.00 s \$61.25	, ,	*	Campaign Financ d Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8662 €×	OFFICERS AND D , P.N. JR recutive DR. valer FL 33					,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2865 Ex Clearu	P.N. III kecutive Dr. cater FL 33	162	I I		æ					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Copperwheat, Jacquelyn						DO I	NOT W	/RITI		
NAME Street Address City-St-Zip			•		T ADDRESS ST-ZIP		INT	HIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			T ADDRESS ST-ZIP				g d 5 7		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	TITLE NAME STREE CITY-S	T ADDRESS 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 on an attachment with an address, with all other like empowered.