

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90094 001 ***150.00

DOCUMENT # 318589

1. Entity Name

TORODE OIL COMPANY INC

Principal Place of Business

Mailing Address

SOUTH CHERRY STREET
FL 32091213 SOUTH CHERRY STREET
STARKE FLA 32091-4003**A0027950**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1167378**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORODE,JOHN A
213 S CHERRY ST
STARKE FL 32091

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	TORODE,JOHN A	NAME	
STREET ADDRESS	213 SO. CHERRY STREET	STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	TORODE, CARL W.	NAME	
STREET ADDRESS	213 SO. CHERRY STREET.	STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	TORODE,SARAH P	NAME	
STREET ADDRESS	213 SO. CHERRY STREET	STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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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:

John A. Torode
John A. Torode

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)