

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90358 033 \*\*\*150.00

**DOCUMENT # 318589**

**1. Entity Name**  
**TORODE OIL COMPANY INC**

**Principal Place of Business**  
**213 SOUTH CHERRY STREET**  
**STARKE FL 32091**

**Mailing Address**  
**213 SOUTH CHERRY STREET**  
**STARKE FL 32091**

**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 **CARL W. TORODE**  
Street Address (P.O. Box Number is Not Acceptable)  
**213 S. Cherry St**  
City **Starke** FL Zip Code **32091**

**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]* **CARL W. TORODE President** **4/18/02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☒ Delete  
NAME **TORODE, JOHN A**  
STREET ADDRESS **213 SO. CHERRY STREET**  
CITY-ST-ZIP **STARKE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **TORODE, CARL W.**  
STREET ADDRESS **213 SO. CHERRY STREET.**  
CITY-ST-ZIP **STARKE FL**

TITLE **P T D** ☒ Change ☐ Addition  
NAME **CARL W. TORODE**  
STREET ADDRESS **213 So. Cherry St**  
CITY-ST-ZIP **Starke FL 32091**

TITLE **STD** ☐ Delete  
NAME **TORODE, SARAH P**  
STREET ADDRESS **213 SO. CHERRY STREET.**  
CITY-ST-ZIP **STARKE FL**

TITLE **V S D** ☒ Change ☐ Addition  
NAME **SARAH P. TORODE**  
STREET ADDRESS **213 So. Cherry St**  
CITY-ST-ZIP **Starke FL 32091**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:** *[Signature]* **CARL W. TORODE President** **4/18/02** **904-964-7022**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)