FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
Entity Name Coleman Oil Company
318612

FILED
05 JUL 15 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3925 NW 14th St	same
Street Address, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville FL	City & State
32605 Country: Alachua	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1168232 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Ralph Wilson

Street Address (P.O. Box Number is Not Acceptable): 4215 NW 6 St.

City: Gainesville FL Zip Code: 32605

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: Ralph Wilson Ralph Wilson June 13, 2005
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
See criteria on back.

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

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

OFFICERS AND DIRECTORS

ADDRESS / ZIP	President Randy Coleman 4309 NW 39th Way Gainesville 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300056265093 06/16/05--01057--003 **300.00
ADDRESS / ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
ADDRESS / ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
ADDRESS / ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
ADDRESS / ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ANNUAL STATEMENT 04-05
ADDRESS / ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: [signature] 4-28-05 3523764178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)

COLEMAN OIL CO.
P. O. Box 248
GAINESVILLE, FLA. 32601
Phone ~~372-2842~~
352 376 4178

Tyrone Scott
Doc. Specialist

MEMO

DATE: 7-10-05

Dear Tyrone
Please waive the reinstate fee as we did not recieve our renewal.

Thanks

Sincerely

P.S. The ck. has been cashed as it was not returned in the last mailing.