Page 182

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
Name: Coleman Oil Co.

318612

FILED
06 JUL 11 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4215 NW 6th St	Same
Street, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville FL	City & State
Zip: 32609 County: 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: 32609

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 28, 2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

s corporation is eligible to satisfy its Intangible filing requirement and elects to do so. ☐
e 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

DRESS / ZIP	President Randy Coleman 4309 NW 39th Way Gainesville 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP
DRESS / ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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07/14/06--01050--016 **150.00

DO NOT WRITE IN THIS SPACE

JC 7/13

CR2E034B (12/01)

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: _____ 6-28-06 3523764178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COLEMAN OIL CO.
~~P. O. Box 248~~
GAINESVILLE, FLA. 32601
Phone - ~~372-2842~~
425 NW 6th St
(352) 376-4178

Dept. of State
Reinstate Div.
Box 6327
Tallahassee 32314

MEMO

DATE: June 20th 2006

Dear Document Specialists:

We did not receive our forms for corporations this year '06. They ask that I write the letter stating this and send the ck requesting reinstatement with the forms. Enclosed is the ck for $150 for the year '06 and a Filled out form.

Thanks for the reinstate help.

Sincerely,
Randy