

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90169 014 \*\*\*150.00

**DOCUMENT # 321343**

1. Entity Name  
**UNITED FUELS CORPORATION**



Principal Place of Business  
**2018 NE 27TH AVE  
GAINESVILLE FLA 32609**

Mailing Address  
**13607 NW 50TH AVE  
GAINESVILLE FL 32606-3562  
US**

2. Principal Place of Business

**18630 N.W. CR 239**

3. Mailing Address

**P.O. Box 729**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ALACHUA FL**

City & State  
**ALACHUA FL**

4. FEI Number  
**59-1195915**

Applied For  
Not Applicable

Zip  
**32615**

Country  
**USA**

Zip

**32616-0229 USA**

Country  
**USA**

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

**REMBERT, DAVIS M  
13607 NW 50TH AVE  
GAINESVILLE FL 32606-3562**

Name  
**DAVIS REMBERT**

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

**18630 N.W. CR 239**

City  
**ALACHUA**

FL

Zip Code  
**32615**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/20/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**150.-**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
REMBERT, DAVIS  
13607 NW 50TH AVE-  
GAINESVILLE FL 32606-3562**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**18630 N.W. CR 239  
ALACHUA FLA 32615**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/03**

**386-418-1082**

Date

Daytime Phone #

CR2E034 (10/02)