

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 22, 2000 08:00 AM
Secretary of State

DOCUMENT # 353248

1. Entity Name
 PAY-LESS OIL COMPANY OF LARGO INC

Principal Place of Business 6205 N DALE MABRY HWY P.O. BOX 151529 TAMPA FLA 336841529	Mailing Address 6205 N DALE MABRY HWY P.O. BOX 151529 TAMPA FLA 336841529
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2. Principal Place of Business 6205 N DALE MABRY HWY	3. Mailing Address 6205 N DALE MABRY HWY
Suite, Apt. #, etc. P.O. BOX 151529	Suite, Apt. #, etc. P.O. BOX 151529

City & State TAMPA FL	City & State TAMPA FL
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Zip 336841529	Country US	Zip 336841529	Country US
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4. FEI Number 59-1272755	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MEISTER HENRY W 6205 N. DALE MABRY TAMPA FL 33614 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE **06/22/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEISTER, ANN B.			NAME			
STREET ADDRESS	6205 N DALE MABRY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEISTER, HENRY W			NAME			
STREET ADDRESS	6205 N. DALE MABRY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Henry W. Meister Date: 06/22/2000