

**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**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

**Zip**

336841529

**Country**

US

**Zip**

336841529

**Country**

US

**4. FEI Number****59-1272755****Applied For****Not Applicable****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****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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**06/22/2000**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing  
Trust Fund Contribution.**☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****TITLE** ☐ Delete  
**NAME** MEISTER, ANN B.  
**STREET ADDRESS** 6205 N DALE MABRY  
**CITY-ST-ZIP** TAMPA FL**TITLE** ☐ Delete  
**NAME** MEISTER, HENRY W  
**STREET ADDRESS** 6205 N. DALE MABRY  
**CITY-ST-ZIP** TAMPA FL**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**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** Henry W. Meister**Date** 06/22/2000