FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jun 13, 2000 8:00 am Secretary of State **DOCUMENT # 361893** HARVEY FUEL OIL SERVICES, INC. 06-13-2000 90002 033 ***550.00 Principal Place of Business Mailing Address 6220 BEACH BLVD BEACH BLVD P.O. BOX 8602 BOX 8602 IACKSONVILLE FL 32216-2706 JACKSONVILLE FL 32239-0602 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1296408 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired .Fee Required _ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARVEY, S. E. JR. Street Address (P.O. Box Number is Not Acceptable) 7130 MARBLE COURT JACKSONVILLE FL 32211 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ۷D ☐ Delete TITLE TITLE BARNETT, PEGGY NAME NAME STREET ADDRESS 7130 MARBLE COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change Addition STD ☐ Delete TIT! F HARVEY, ROSEMARY NAME STREET ADDRESS 7130 MARBLE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 00000 Addition Delete TITLE Change TITLE HARVEY JR. S.E. NAME NAME STREET ADDRESS 7130 MARBLE COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empower of the receiver of the corporation of the receiver of the changed, or on an attachment with an address, with all other like empowered 06-09-00