

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90095 027 ***150.00

DOCUMENT # 371905

1. Entity Name
E.O. KOCH OIL CO.



Principal Place of Business
**3504 OFFICE PARK ROAD
P.O. BOX 1965
SEBRING FL 33871**

Mailing Address
**3504 OFFICE PARK ROAD
P.O. BOX 1965
SEBRING FL 33871**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1305908**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOCH JR, EDWARD O
1908 DELEON PL
SEBRING FL 33870**

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. 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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 | VSD | <input type="checkbox"/> Delete |
| NAME | POLSTON, CLARENCE | |
| STREET ADDRESS | 207 IVY AVENUE | |
| CITY-ST-ZIP | SEBRING FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | KOCH JR, EDWARD O | |
| STREET ADDRESS | 1908 DELEON PALACE | |
| CITY-ST-ZIP | SEBRING FL | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | KOCH, LOUISE S | |
| STREET ADDRESS | 1908 DELOEN PLACE | |
| CITY-ST-ZIP | SEBRING FL | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | ZIMMERMAN, MIKE | |
| STREET ADDRESS | 4502 LAFAYETTE AVE. | |
| CITY-ST-ZIP | SEBRING FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 another name empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.11.03

863-395-6188

Date

Daytime Phone #

CR2E034 (10/02)