

2001 UNIFORM BUSINESS REPORT (UBR)

0698203

DOCUMENT # 382777

1. Entity Name

NUGGET OIL, INC.

Principal Place of Business

Mailing Address

~~100 OLD MILLIGAN RD~~
~~CRESTVIEW FL 32536~~

~~P.O. BOX 1297~~
~~CRESTVIEW FL 32536~~

2. Principal Place of Business

400 W. MAIN ST.

3. Mailing Address

400 W. MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

Durham, N.C.

Durham, N.C.

Zip

Country

Zip

Country

27701

27701

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, JAMES S
BEGGS & LANE
3 WEST GARDEN STREET, 6TH FLOOR
PENSACOLA FL 32501

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)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPST ☐ Delete
NAME TURNER, THOMAS G
STREET ADDRESS 100 OLD MILLIGAN RD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 7000004194157--9
CITY-ST-ZIP -05/11/01--01004--009
****750.00 ****150.00

TITLE PD ☐ Delete
NAME DRAUGHON, DONALD R JR
STREET ADDRESS 100 OLD MILLIGAN RD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPST ☒ Delete
NAME HORNE, EUGENE B
STREET ADDRESS 100 OLD MILLIGAN RD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
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: Thomas G. Turner *240 8 2*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 919-477-900-2411
Date Daytime Phone #

CR2E034 (10/00)

FILED

01 APR 30 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE