2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

607 NICHOLSON ST.

CLEARWATER FL 33755

DOCUMENT # 440086

1. Entity Name

Principal Place of Business

2. Principal Place of Business

607 NICHOLSON ST.

CLEARWATER FL 33755

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

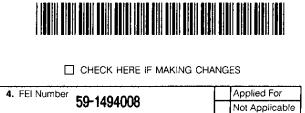
PAYNE'S OIL COMPANY, INC.



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90133 005 ***150.00

90013696



PAYNE, RICHARD G. 607 NICHOLSON ST. CLEARWATER FL 33755 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

9. Election Campaign Financing

Trust Fund Contribution.

5. Certificate of Status Desired

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.

Country

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

\$8.75 Additional

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

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAYNE, RICHARD R.R. 2 BOX 9085 FORT WHITE FL 32038	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	∠ □ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE CAROL ANN R.R. 2 BOX 9085 FORT WHITE FL 32038	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chang	ge 🗀 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Chang	ge

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-03

Daytime Phone #

CRZEUS