2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 06, 2002 8:00 am § Secretary of State DOCUMENT # 458900 1. Entity Name HOWARD'S JET AGE FUEL OIL CO. 03-06-2002 90086 010 ***150.00 Mailing Address Principal Place of Business 519 PENNSYLVANIA AVENUE 519 PENNSYLVANIA AVENUE CLEARWATER FL 34615 CLEARWATER FL 34615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1545876 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired __ _ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAUGSETH, WM K Street Address (P.O. Box Number is Not Acceptable) 519 PENNSYLVANIA AVENUE **CLEARWATER FL 34615** Zip Code City 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. 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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE HAUGSETH, MARCIA L NAME NAME 519 PENN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PD NAME NAME HAUGSETH, WM K STREET ADDRESS STREET ADDRESS **519 PENN AVENUE** CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 00000 Change ☐ Addition ☐ Delete TITLE TITLE **VDT** NAME NAME HAUGSETH, MARCIA STREET ADDRESS STREET ADDRESS **519 PENN AVENUE** CITY-ST-ZIP LARGO FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE DSP ☐ Delete TITLE NAME NAME HAUGSETH, WILLIAM K. STREET ADDRESS STREET ADDRESS **519 PENN AVENUE** CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Addition Change ☐ Delete TITLE 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 13. I hereby certify that the information supplied with this filling 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.

Marcia L. Haugseth

FILED