

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90791 001 ***300.00

0415713 AV

DOCUMENT # 560867

1. Entity Name
PRESTO PETROLEUM, INC.

Principal Place of Business
607 S ALEXANDER ST
PLANT CITY FL 33566

Mailing Address
607 S ALEXANDER ST
PLANT CITY FL 33566



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1795810		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROBINSON, GREGORY S 607 SOUTH ALEXANDER STREET PLANT CITY FL 33566				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 _____ (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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	ROBINSON, HUGH C, III	2869 HAMMOCK DR PLANT CITY, FL 00000 33567				
	VTD	ROBINSON, CAROL M	19916 GULF BLVD, #2 INDIAN SHORES FL 33785			Address only	15320 Gulf Blvd Madeira Beach, FL 33708
	V	SMITH, CAROLYN R	8416 SOUTHWOOD PINES LITHIA FL 33547				
	V	STILLINGS, ROBERT	2204 PARKVIEW DR PLANT CITY FL				
	S	ROBINSON, GREGORY S	1426 WALDEN OAKS PLANT CITY FL 33566				

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: Carolyn R. Smith **2/4/02** **813-754-3511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)