## 2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report of the corporation or the regeiver or trustee end changed, or on an attachneot with an address

SIGNATURE:

## **FILED DOCUMENT # 598578** Apr 04, 2000 8:00 am Secretary of State 1. Entity Name MARTIN PETROLEUM CORP. OF FLORIDA 04-04-2000 90071 001 \*\*\*300.00 Principal Place of Business Mailing Address 3350 DAVIE BLVD. 3350 DAVIE BLVD. FT. LAUDERDALE FL 33312-2701 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1875983 Not Applicable Country Zip \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSHMORE, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 3350 DAVIE BLVD FT LAUDERDALE FL 33312 Zip Code FL 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change Delete TITLE TITLE RUSHMORE, THOMAS NAME NAME 3350 DAVIE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 I hereby certify that the information supplied with this films 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 regiever or trusted employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

RINTED NAME OF SIGNING OFFICER OR DIRECTOR