

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90072 033 ***150.00

04/09/02 AV

DOCUMENT # 632445

1. Entity Name

REPUBLIC OIL CO.

Principal Place of Business

**205 SOUTH HOOVER STREET
TAMPA FL 33609**

Mailing Address

**205 SOUTH HOOVER STREET
TAMPA FL 33609**

B0060818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1956431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUGHEY, MIKE
205 S. HOOVER STREET
TAMPA FL 33609**

7. Name and Address of New Registered Agent

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, 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

TITLE **VD** ☐ Delete
NAME **FARMER, JD**
STREET ADDRESS **205 S HOOVER ST #400**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ Delete
NAME **HUGHEY, MIKE**
STREET ADDRESS **205 S HOOVER ST**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ Delete
NAME **CARTER, SHIRLEY H**
STREET ADDRESS **205 S HOOVER ST**
CITY-ST-ZIP **TAMP FL**

TITLE **T** ☐ Delete
NAME **RAWLINS, WANITA M.**
STREET ADDRESS **205 S. HOOVER ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE **VASD** ☒ Delete
NAME **BROWNE, DAN**
STREET ADDRESS **205 S. HOOVER ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ Delete
NAME **THATCHER, CAROLYN**
STREET ADDRESS **205 S HOOVER ST, SUITE 400**
CITY-ST-ZIP **TAMPA FL 33609**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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

TITLE **VP** ☒ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

813-286-2323

Daytime Phone #

CR2E034 (9/01)