

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90115 012 \*\*\*150.00

**DOCUMENT #** 645194

**1. Entity Name**

GEORGIA OIL & GAS COMPANY, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

5703 Montana Ave.  
New Port Richey, FL 34652

**3. Mailing Address**

5703 Montana Ave.  
New Port Richey, FL 34652

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 59-2062662

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name STRUMSKIS, LOUIS

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

5703 MONTANA AVE.

City NEW PORT RICHEY

FL

Zip Code  
34652

**DO NOT WRITE  
IN THIS SPACE**

**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)** ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 P, S, CEO, COB  
NAME STRUMSKIS, LOUIS  
STREET ADDRESS 5703 MONTANA AVE.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE** *Louis Strumskis* LOUIS STRUMSKIS 4/12/02 (727)842-6610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)