

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 671873

1. Entity Name
CHARLES BROWN OIL COMPANY, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90306 020 ***150.00

Principal Place of Business
~~35 W. MARTIN LUTHER KING BLVD.~~
RIVIERA BEACH FL 33404
US
810 N. Congress Avenue
Riviera Beach, Fl. 33404

Mailing Address
~~35 W. MARTIN LUTHER KING BLVD.~~
RIVIERA BEACH FL 33404
US
810 N. Congress Avenue
Riviera Beach, Fl. 33404

2. Principal Place of Business
810 N. Congress Avenue
Suite, Apt. #, etc.

3. Mailing Address
810 N. Congress Avenue
Suite, Apt. #, etc.

City & State
Riviera Beach, Florida

City & State
Riviera Beach, Florida

4. FEI Number 59-0709387

Applied For
Not Applicable

Zip 33404 Country Palm Beach

Zip 33404 Country US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

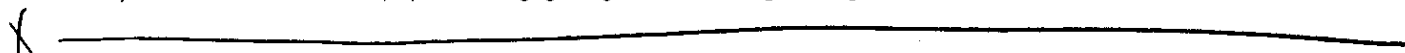
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

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  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, 2001 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	P LYNES, RUSSELL 35 W. MARTIN LUTHER KING BLVD. 810 N. Congress Avenue RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Russell Lynes, President January 20, 2001 848-1061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)