2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 672154 Apr 07, 2000 8:00 am Secretary of State 1. Entity Name WIDMAIER OIL CO., INC. 04-07-2000 90092 033 ***150.00 Mailing Address. Principal Place of Business 644 CARSWELL AVE. 644 CARSWELL AVE 4 644 CARSWELL AVE. 344 HOLLY HILL FL 32117-3614 HOLLY HILL FL 32117 -3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2005526 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNETT, RANDOM Street Address (P.O. Box Number is Not Acceptable) 501 N GRANDVIEW AVE **DAYTONA BEACH FL 32118** 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition STD TITLE TITLE Delete WIDMAIER, BARBARA A. NAME NAME 644 CARSWELL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE **BOULTER, ALLISON W** NAME STREET ADDRESS STREET ADDRESS 644 CARSWELL AVE CITY-ST-ZIP CITY-ST-ZIE HOLLY HILL FL Addition ASV , Change ☐ Delete TITLE WIDMAIER, CHARLES W. NAME STREET ADDRESS 644 CARSWELL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL Change Addition ☐ Delete TITLE TITLE WIDMAIER, CHARLES W SR NAME NAME STREET ADDRESS STREET ADDRESS 644 CARSWELL AVE CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

e Daytime Pho