

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90035 003 ***150.00

DOCUMENT # 835025

1. Entity Name

PILOT OIL CORPORATION

Principal Place of Business

Mailing Address

LONAS RD
BOX 10146 (ZIP 37939)
TN 37909

5508 LONAS RD
P.O. BOX 10146
KNOXVILLE TN 37939-0146
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-0600415

Applied For
Not Applicable

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

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, 2000 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 PD
NAME HASLAM, WILLIAM E.
STREET ADDRESS 7112 SHERWOOD DR
CITY-ST-ZIP KNOXVILLE TN ☐ Delete

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

TITLE D
NAME HASLAM, JAMES A II
STREET ADDRESS 1640 LYONS BEND RD.
CITY-ST-ZIP KNOXVILLE TN ☐ Delete

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

TITLE D
NAME BEALL, III., SAMUEL E.
STREET ADDRESS 151 LEVERT
CITY-ST-ZIP MOBILE AL ☐ Delete

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

TITLE CEO
NAME HASLAM, JAMES III
STREET ADDRESS 5020 LYONS VIEW PIKE
CITY-ST-ZIP KNOXVILLE TN ☐ Delete

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

TITLE VP
NAME ROWAN, MARK
STREET ADDRESS 1707 RUDDER LANE
CITY-ST-ZIP KNOXVILLE TN ☐ Delete

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

TITLE VCFO
NAME CORNISH, JEFFREY L
STREET ADDRESS 7008 WELLINGTON DRIVE
CITY-ST-ZIP KNOXVILLE TN ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 (865) 588-9488

CR2E034 (9/99)