## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 845648**

Country

Principal	Place	of	Business
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2. Principal Place of Business

Mailing Address

TWITCHELL ROAD AL 36303

Suite, Apt. #, etc

City & State

Zip

P.O. BOX 1267 DOTHAN AL 36302-1267

3. Mailing Address

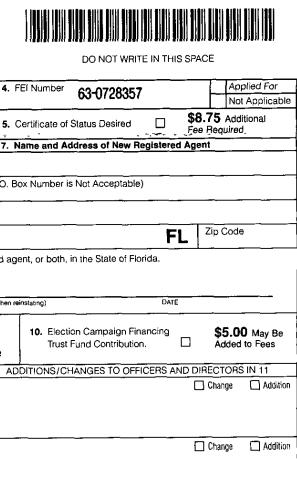
City & State

Zip

Suite, Apt. #, etc.

## **FILED** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name SOUTHEASTERN OIL COMPANY, INC. 04-28-2000 90031 031 \*\*\*150.00

Country



6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name						
HARRIS, FRED F., JR. 421 EAST CALL ST. TALLAHASSEE FL 32301		Street Address (P.O. Box Number is Not Acceptable)							
INCO AWROSEL PE SESSI			City			FL Zip Code	e		
8. The above	named entity submits this statement for the	e purpose of changing its re	egistered office or register	ed agent, or bo	oth, in the State of Florida.				
SIGNATURE .	Signature, typed or printed name of registered agent and to	tle if applicable. (NOTE:	Registered Agent signature required	i when reinstating)	D.	ATE			
		FEE IS \$150.00 Fee will be \$550.00 to Department of Sta	te T	lection Campaign Financing rust Fund Contribution.	☐ Added	O May Be to Fees			
11.	OFFICERS AND DIF	ECTORS	12.	ADDITIONS	CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brennan, L.M. 3208 Alderbrook Dr Dothan Al	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Olivatina	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del></del>		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition —		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
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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: