

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16274

1. Entity Name

SMACKCO, LTD.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

P. O. DRAWER 649
315 BELLEVILLE AVENUE
BREWTON AL 36427

Mailing Address

P. O. DRAWER 649
315 BELLEVILLE AVENUE
BREWTON AL 36427-0649

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-0706672

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

DANIEL, J. NIXON
700 BLOUNT BLDG.
PENSACOLA FL 32576

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. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$5000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 854497
NAME COASTAL STATES EXPLOR.
STREET ADDRESS 315 BELLEVILLE AVE.
CITY - ST - ZIP BREWTON AL

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas E. McMillan, Jr. Pres. 1/7/00 (334)867-5413
Coastal States Exploration, Inc. Date Daytime Phone #