2000 UNIFORM BUSINESS REPORT (UBR)

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:

FILED **DOCUMENT # F39145** Apr 04, 2000 8:00 am Secretary of State 1. Entity Name **ENERIC PETROLEUM CORPORATION** 04-04-2000 90086 016 ***150.00 Principal Place of Business Mailing Address 54 W BURLINGTON AVE 54 W BURLINGTON AVE **BOX 625 BOX 625** FAIRFIELD IA 52556 FAIRFIELD IA 52556-0625 2. Principal Place of Business 3. Mailing Address 56 E. Burlina DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2112363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARDS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 950 N.FEDERAL HWY., #219 POMPANO BCH. FL 33062 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD P/D ☐ Addition PP/6/ 12/07/07/09/09 TITLE TITLE ☐ Delete Eric Schwart2 SCHWARTZ, ERIC NAME NAME 56 E. Burlington Ave. STREET ADDRESS 205 E HARRISON STREET ADDRESS Fairfield. CITY-ST-7IP CITY-ST-ZIP FAIRFIELD IA Change ☐ Addition ☐ Delete TITLE TITLE Peter Dollive DOLLIVE, PETER NAME 56E. Burlington Ave. 54 W BURLINGTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FAIRFIELD IA CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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