

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90270 038 ***150.00

DOCUMENT # F95000002316

1. Entity Name

PHOENIX FUEL TEXAS CORPORATION

Principal Place of Business

**304 COFFEEN AVE
 SHERIDAN WY 82080
 US**

Mailing Address

**304 COFFEEN AVE
 SHERIDAN WY 82080
 US**

NU883912



2. Principal Place of Business

304 COFFEEN AVE

Suite, Apt. #, etc.

3. Mailing Address

304 COFFEEN AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SHERIDAN, WY

City & State

SHERIDAN, WY

4. FEI Number

76-0447156

Applied For

Not Applicable

Zip

82801

Country

US

Zip

82801

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD
 PLANTATION FL 33324**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**VCP
 PERKINS, THOMAS L
 304 COFFEEN
 SHERIDAN WY 82801** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**PID
 PERKINS, THOMAS L
 304 COFFEEN AVE
 SHERIDAN, WY 82801** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**STD
 CARRION, IGNACCIO
 304 COFFEEN
 SHERIDAN WY 82801** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**N/SID
 CARRION, IGNACIO
 304 COFFEEN AVE
 SHERIDAN, WY 82801** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

TITLE
 NAME
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 CITY - ST - ZIP
☐ Change ☐ Addition

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☐ 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 REQUIRED: L. PERKINS

PRESIDENT

(307) 673-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (5/01)