

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90196 013 ***150.00

DOCUMENT # F96000003437

1. Entity Name
DEKALB PETROLEUM, INC.



Principal Place of Business
**3850 HOLCOMBE BRIDGE RD.
SUITE 255
NORCROSS GA 30092**

Mailing Address
**3850 HOLCOMBE BRIDGE RD.
SUITE 255
NORCROSS GA 30092**



2. Principal Place of Business
3970 ROGERS BRIDGE RD
Suite, Apt. #, etc.

3. Mailing Address
3970 ROGERS BRIDGE RD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DULUTH, GA
Zip
30097
Country
USA

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DULUTH, GA
Zip
30097
Country
USA

4. FEI Number **58-1881600**

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

**GERDE, JERRY W ESQ.
239 E 4TH ST.
PANAMA CITY FL 32401**

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC RUSSELL, BARRON J 3850 HOLCOMBE BRIDGE RD, #255 NORCROSS GA 30092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STVC AMIS, NANCY R 3850 HOLCOMBE BRIDGE RD, #255 NORCROSS GA 30092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	3970 ROGERS BRIDGE RD. DULUTH, GA 30097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3970 ROGERS BRIDGE RD DULUTH, GA 30097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy R. Amis 1/09/03 (678) 436-0156
Date Date Time Phone #

CR2E034 (10/02)