

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005437

1. Entity Name
CES OIL OPERATIONS, INC.

FILED
Jul 14, 2000 8:00 am
Secretary of State
07-14-2000 90017 033 ***550.00

Principal Place of Business
4791 W STALLION LN
INVERNESS FL 34452

Mailing Address
4791 W STALLION LN
INVERNESS FL 34452

2. Principal Place of Business
4791 E. Stallion Ln
Suite, Apt. #, etc.

3. Mailing Address
4791 E. Stallion Ln
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Inverness FL
Zip
34452-9083
Country
USA

City & State
Inverness FL
Zip
34452-9083
Country
USA

4. FEI Number 88-0152779
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUFLER, MONICA
4791 E STALLION LN
INVERNESS FL 34452

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 13, 2000 Min. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAUFLER, MONICA	
STREET ADDRESS	4791 E STALLION LANE	
CITY-ST-ZIP	INVERNESS FL 34462-9083	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FUTCH, CHERI	
STREET ADDRESS	4791 E STALLION LANE	
CITY-ST-ZIP	INVERNESS FL 34452-9083	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Monica Haufler **Monica Haufler** 7-8-00 (352) 637-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)