2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am & Secretary of State UNIFORM BUSINESS REPORT (UBR) F97000006675 DOCUMENT # 05-05-2003 91768 039 ***150.00 1. Entity Name OILS UNLIMITED INC Principal Place of Business Mailing Address 655 W FULTON ST STE 8 655 W FULTON ST STE 8 SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address 509 S. French Ave. P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State Sanford, City & State 4. FEI Number Applied For 63-1090023 Sanford, Not Applicable Country USA ^{Zip}32771 ^{Zip}32772 \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Patterson, William</u> PATTERSON, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 509 S. French Avenue 655 W FULTON ST STE 8 French Avenue SANFORD FL 32771 Sanford, FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition Р PATTERSON, WILLIAM P NAME -NAME Patterson, William P. 655 W FULTON ST STE 8 STREET-ADDRESS STREET ADDRESS 509 S. French Avenue SANFORD FL 32271 CITY-ST-ZIP CITY-ST-ZIP Sanford, FL 32771 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with an of

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: 4

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

QUIRE William P Patterson 4/29/03 407-302-3193

FILED

CR2E034 (10/02)