## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **F97345** May 22, 2000 8:00 am Secretary of State 1. Entity Name HIGHLAND-EXCHANGE PETROLEUM SUPPLY COMPANY, INC. 05-22-2000 90031 030 \*\*\*150.00 Mailing Address Principal Place of Business STATE RD 540 STATE RD 540 P O BOX 276 P O BOX 276 WAVERLY FL 33877-0276 WAVERLY FL 33877-0276 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2226522 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOVACH, G. JR. Street Address (P.O. Box Number is Not Acceptable) STATE ROAD 540 WAVERLY FL 33877 Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Notition KK ☐ Change **VD** ☐ Delete TITLE T/D TITLE KERNODLE, D. NAME Wally Houk NAME STREET ADDRESS STREET ADDRESS 772 PIEDMONT DR. S.E. 4738 Easton Street CITY-ST-ZIP CITY-ST-7IP WINTER HAVEN FL Lake Wales, FL 33853 Change ☐ Addition ☐ Delete TIT1 F TITLE KOVACH, G JR NAME NAME Kovach, G Jr STREET ADDRESS STREET ADDRESS 1013 ROLLINGWOODS LANE 941 Success Ave CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Lakeland Fl \_\_\_ Change \_\_\_ Addition= · 🗀 · Delete TITLE -SANDERS, CHARLES NAME NAME **8075 20TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OMPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

863) 439-366/ Ddytime Phone #