

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90117 042 \*\*\*150.00

0606032 AB

**DOCUMENT # F98000005731**

1. Entity Name  
**OILTEST, INC.**



Principal Place of Business  
**109 ALDENE RD., BLDG. 3  
ROSELLE NJ 07203**

Mailing Address  
**109 ALDENE RD., BLDG. 3  
ROSELLE NJ 07203**

**11028809**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2383316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

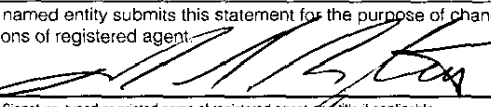
6. Name and Address of Current Registered Agent

**CANADA, ROBERT  
4333 SOUTH 50TH ST.  
TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name  
**BRIGLEY, RAYMOND A**  
Street Address (P.O. Box Number is Not Acceptable)  
**4333 SOUTH 50TH ST**  
City  
**TAMPA** FL Zip Code  
**33619**

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  CFO

04-28-03

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 **C** ☐ Delete  
NAME **JOHNS, R.K.**  
STREET ADDRESS **18 VERSEY ST.**  
CITY-ST-ZIP **NEW YORK NY 10007**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **CUSHING, C.R.**  
STREET ADDRESS **18 VESEY ST.**  
CITY-ST-ZIP **NEW YORK NY 10007**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCMAMARA, FRANK**  
STREET ADDRESS **29 BROADWAY**  
CITY-ST-ZIP **NEW YORK NY 10006**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **HALBERG, HERB**  
STREET ADDRESS **1105 PARK AVE.**  
CITY-ST-ZIP **NEW YORK NY 10128**

TITLE **D** ☒ Change ☐ Addition  
NAME **DROBNICK, JACK**  
STREET ADDRESS **6241 GLYNMOOR LKS DR**  
CITY-ST-ZIP **CHARLOTTE NC 28277**

TITLE **P** ☐ Delete  
NAME **BOND, T.W.**  
STREET ADDRESS **109 ALDENE RD., BLDG. 3**  
CITY-ST-ZIP **ROSELLE NJ 07203**

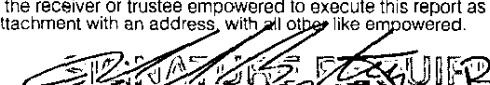
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☒ Delete  
NAME **TORSIELLO, V.V.**  
STREET ADDRESS **109 ALDENE RD., BLDG. 3**  
CITY-ST-ZIP **ROSELLE NJ 07203**

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **RAYMOND A BRIGLEY**  
STREET ADDRESS **109 ALDENE RD, BLDG 7**  
CITY-ST-ZIP **ROSELLE NJ 07203**

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:

 CFO  
**RAYMOND A BRIGLEY** 4-28-03 908-245-2967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)