

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001794

1. Entity Name

WILLIAMSON OIL CO., INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-22-2001 90092 016 ***158.75

Principal Place of Business

Mailing Address

1603 GODFREY AVENUE SOUTH
FT. PAYNE AL 35967

PO BOX 680807
FORT PAYNE AL 35968

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0585401**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete
NAME **WILLIAMSON, JOHN ROBERT**
STREET ADDRESS **4310 GARMON ROAD**
CITY-ST-ZIP **ATLANTA GA 30327**

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

TITLE **VP** ☐ Delete
NAME **STRINGER, SHANNON**
STREET ADDRESS **1604 MONTE VISTA DRIVE**
CITY-ST-ZIP **FT. PAYNE AL 35967**

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

TITLE **ST** ☐ Delete
NAME **PORTER, JON**
STREET ADDRESS **6005 GOLF ROAD**
CITY-ST-ZIP **FT. PAYNE AL 35967**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/01 256-992-2609

WILLIAMSON OIL CO., INC./G.A.S., INC. P.O. BOX 680807, FT. PAYNE, AL 35968-0807

Attachment
25393

168655

DATE	LOCATION	REFERENCE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
01/06/2001	0800	W O C	158.75	0.00	158.75
	0800	*Loc Total	158.75	0.00	158.75
* Total Check *			158.75	0.00	158.75

#799 000001791

Vendor Number 3000

WILLIAMSON OIL CO., INC./G.A.S., INC.

DRAFT ACCOUNT
D/B/A/ Liberty Wholesale Co.
D/B/A/ Discount Food Marts
P.O. BOX 680807
FT. PAYNE, AL 35968-0807

01/09/2001
DATE
COMPASS BANK
OXFORD, ALABAMA

168655
CHECK NUMBER
61-590
622

PAY EXACTLY	CHECK AMOUNT
*****158 Dollars and 75 Cents	*****158.75

VOID AFTER 90 DAYS

TO
THE
ORDER
OF

DEPARTMENT OF STATE
DIVISION OF CORPORATION
UNIFORM BUSINESS REPORT FILING
TALLAHASSEE FL 32302-1500

[Signature]

⑈168655⑈ ⑆062205908⑆ 001 3388 6⑈

Williamson Oil Co., Inc.
Annual Uniform Business Report

Copy of check mailed
with unsigned return