

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90111 039 \*\*\*150.00

**DOCUMENT # G64284**

1. Entity Name  
**ADCOCK PETROLEUM, INC.**

Principal Place of Business <b>6649 AMORY CT          UNIT 12          WINTER PARK FL 32792          US</b>	Mailing Address <b>6649 AMORY CT          UNIT 12          WINTER PARK FL 32822-9487          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2967 Marshfield Ct</b> Suite, Apt. #, etc.	3. Mailing Address <b>2967 Marshfield Ct</b> Suite, Apt. #, etc.
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City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>
Zip <b>32822</b>	Country <b>US</b>

4. FEI Number <b>59-2334036</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ADCOCK, JESSE F.  
 6649 AMORY CT  
 UNIT 12  
 WINTER PARK FL 32792**

7. Name and Address of New Registered Agent  
 Name **ADCOCK Jesse F**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2967 Marshfield Ct**  
 City **Orlando FL** Zip Code **32822**

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 Adcock Jesse F DATE 5/5/00  
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	
TITLE <b>DP</b>	<input type="checkbox"/> Delete
NAME <b>ADCOCK, JESSE F.</b>	
STREET ADDRESS <b>2967 MARSHFIELD CT.</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>VST</b>	<input type="checkbox"/> Delete
NAME <b>ADCOCK, OLEANE</b>	
STREET ADDRESS <b>2967 MARSHFIELD CT.</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
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: Jesse F Adcock Pres. DATE 5/5/00 DAYTIME PHONE # 407-275-7253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-12E034 (9/99)