

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90138 011 ****50.00

DOCUMENT # L01000014064

1. Entity Name

OKIE-PLUS, LLC

Principal Place of Business

**1710 CROSSWINDS LANDING
 FT. WALTON BEACH FL 32542**

Mailing Address

**1710 CROSSWINDS LANDING
 FT. WALTON BEACH FL 32542**

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

59-3739690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, ROBERT
 1710 CROSSWINDS LANDING
 FT. WALTON BEACH FL 32542**

7. Name and Address of New Registered Agent

Name **MATTHEWS, Robert D.**
 Street Address (P.O. Box Number is Not Acceptable)
1710 CROSSWINDS LANDING

City **FT. WALTON BEACH**

FL

Zip Code **32547-1184**

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

Robert D. Matthews
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 12, 2002
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
 NAME **MATTHEWS PETRO-EXPLORATION II, LLC**
 STREET ADDRESS **1710 CROSSWINDS LANDING**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32542** ☐ Delete

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM**
 NAME **MATTHEWS PETRO-EXPLORATION II, LLC** ☒ Change ☐ Addition
 STREET ADDRESS **1710 CROSSWINDS LANDING**
 CITY-ST-ZIP **FT. WALTON BEACH, FL 32547-1184**

TITLE
 NAME **Sydney G. Hill MGRM** ☐ Change ☒ Addition
 STREET ADDRESS **22876 PINEWOOD CIRCLE**
 CITY-ST-ZIP **CALIFORNIA, MD 20619-9725**

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

TITLE
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Robert D. MATTHEWS

SIGNATURE: *Robert D. Matthews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

July 12, 2002 **850-863-5363**
 Date Daytime Phone #

CR2E083 (4/02)