

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L49452**

1. Entity Name

ALL SEASONS - DUVAL OIL CO., INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90079 043 ***150.00

Principal Place of Business Mailing Address
6824 NORWOOD AVE 6824 NORWOOD AVE
JACKSONVILLE FL 32208-4471 JACKSONVILLE FL 32208-4471
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2989268**

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

BRANT, MOORE, SAPP, MACDONALD & WELL, P.A.
121 W. FORSYTH ST.
SUITE 900
JACKSONVILLE FL FL 32202

7. Name and Address of New Registered Agent

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, 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 **P** ☐ Delete
NAME **THOMSON, BARHAM F., JR.**
STREET ADDRESS **P.O BOX 247 N/A**
CITY-ST-ZIP **LANDRUM SC 29356-0247**

TITLE **VP** ☐ Delete
NAME **CALDWELL, GEORGE S.**
STREET ADDRESS **3801 CROWN POINT RD APT 1222**
CITY-ST-ZIP **JACKSONVILLE FL 32257-7539**

TITLE **S** ☐ Delete
NAME **WALLING, NORMA C.**
STREET ADDRESS **7329 BRUCE ST**
CITY-ST-ZIP **JACKSONVILLE FL 32208-4003**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Norma C. Walling
NORMA C WALLING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2000 **904/764-4511**

809758

DO NOT WRITE IN THIS SPACE