2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

L83590 DOCUMENT

Country

6. Name and Address of Current Registered Agent

COCONUT CREEK FL 33063

2. Principal Place of Business

Suite, Apt. #, etc.

HORNICKER, ADAM

City & State

Zip

1. Entity Name D.J.L. PETROLEUM, INC.	
Principal Place of Business 4811 COCONUT CREEK PKWY	Mailing Address 4811 COCONUT CREEK PKWY

COCONUT CREEK FL 33063

3. Mailing Address

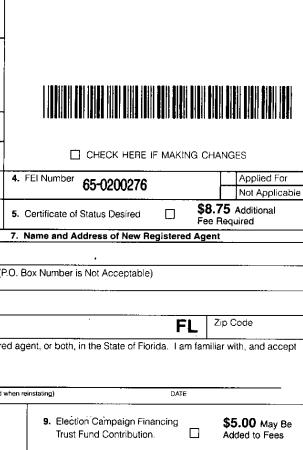
City & State

Zip

Suite, Apt. #, etc.

FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90048 029 ***150.00



4811 COCONUT CREEK PARKWAY			Sileet Addit	Sileet Address (r.o. box Number is Not Acceptable)				
COCONU	T CREEK FL 3	33063						
\		**************************************		City		,	FL Zip Cod	e
8. The above the obligation	e named entity s tions of registere	ubmits this statement for the purp ed agent.	ose of changing its re	gistered office or reg	jistered ager	nt, or both, in the State of Florida.	I am familiar with,	and accept
SIGNATURE	Signature, typed or p	rinted name of registered agent and title if app	blicable. (NOTE: F	legistered Agent signature re	quired when reins	stating)	DATE	
Afte	r May 1, 2003	FEK S \$150.00 Fee will be \$550.00 lorida Department of State				Election Campaign Financia Trust Fund Contribution.		May Be I to Fees
10.		OFFICERS AND DIRECTO	RS	11.	ADD	ITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HORNIKER, 778 S.W. 54 MARGATE FI	TH AVE.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HORNIKER, I 778 S.W. 54 MARGATE FI	TH AVE.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE		1	☐ Delete	TITLE	_		☐ Change	☐ Addition

Country

Name

12. I hereby certify that the information supplied with this indicated on this report of supplemental report is true does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the received dr trustee empower

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP