

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000001910

1. Entity Name
PIPELINE OPERATING GROUP, L.L.C.

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00 MAY 16 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
42 SLEEP HOLLOW ROAD
DOCTORS INLET FL 32030

Mailing Address
42 SLEEP HOLLOW ROAD
DOCTORS INLET FL 32030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
42 Sleepy Hollow Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box. 8
Suite, Apt. #, etc.

City & State
Middleburg, FL

City & State
Doctors Inlet, FL

Zip
32068

Country
USA

Zip
32030

Country
USA

4. FEI Number
59-3584804

Applied For
Not Applicable

5. Certificate of Status Desired - ☒ XX \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, DENNIS L
SUITE 200, SOUTHPOINT BUILDING
6620 SOUTHPOINT DRIVE, SOUTH
JACKSONVILLE FL 32216

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
EAGLE OIL CORPORATION
42 SLEEP HOLLOW ROAD
DOCTORS INLET FL 32030

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
Eagle Oil Corporation
42 Sleepy Hollow Road
Middleburg, FL 32068

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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☐ Change ☐ Addition

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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.

SIGNATURE:

[Signature]

CONTACT CLARK COGAN 5/11/00 904-272-9548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #