

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90173 007 ****50.00

DOCUMENT # L99000006913

1. Entity Name

ACTION OIL I, LLC

Principal Place of Business

**760 RIDGEWOOD ROAD
 KEY BISCAYNE FL 33149**

Mailing Address

**760 RIDGEWOOD ROAD
 KEY BISCAYNE FL 33149**

2. Principal Place of Business

3. Mailing Address

725 GLENRIDGE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY BISCAYNE

Zip

Country

Zip

Country

33149 FLORIDA

4. FEI Number **65-0955660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERGANI, GIULIO
 760 RIDGEWOOD ROAD
 KEY BISCAYNE FL 33149**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRES
 VERGANI, FRANCESCO
 725 GLENRIDGE ROAD
 KEY BISCAYNE FL 33145** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 VERGANI, GIULIO
 760 RIDGEWOOD ROAD
 KEY BISCAYNE FL 33149** ☐ Delete

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

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

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

9/25/02

Date

(305) 229 0084

Daytime Phone #

CR2E083 (4/02)