

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001733

1. Entity Name  
UNITED PETROLEUM, LLC

Principal Place of Business  
701 OLD PERRY STORE RD  
OPP AL 36467

Mailing Address  
701 OLD PERRY STORE RD  
OPP AL 36467

2. Principal Place of Business

3. Mailing Address

P. O. Box 153

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Opp, AL.

Zip

Country

Zip

36467

Country

Covington

4. FEI Number 63-1245810

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

BARTLETT, DEWAYNE  
1574 HWY 185  
WESTVILLE FL 32464-9628

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Managing Member ☐ Delete  
NAME Thomas A. Blackstock, Jr. MGRM  
STREET ADDRESS 501 North Main St.  
CITY-ST-ZIP Opp, AL 36467

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

TITLE Managing Member ☐ Delete  
NAME H. Lee Short MGRM  
STREET ADDRESS Rt. 3 Box 255  
CITY-ST-ZIP Andalusia, AL 36420

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 100004419271--3  
STREET ADDRESS -06/14/01--01019--024  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *Thomas A. Blackstock, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-01

0030497 AB

CR2E083 (11/00)

FILED

01 MAY 21 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE