

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -2 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001989

1. Entity Name

OCEANAIR ENVIRONMENTAL FUELS AND GLYCERINE, LLC

Principal Place of Business

1248 GEORGE JENKINS BLVD.  
LAKELAND FL 33815

Mailing Address

1248 GEORGE JENKINS BLVD.  
LAKELAND FL 33815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

59-3671620

4. FEI Number

APPLIED FOR

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

TAWAR, MAHESH  
1248 JENKINS BLVD.  
LAKELAND FL 33815

Name

TALWAR, MAHESH

Street Address (P.O. Box Number is Not Acceptable)

1248 GEORGE JENKINS BLVD.  
BLDG. J-4

City

LAKELAND

FL

Zip Code

33815

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.

(NOT Registered Agent signature required when reinstating)

DATE

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

600004302286--6  
-05/23/01--01060--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE *Chief Financial Officer (CFO)* ☐ Delete  
NAME JAMES DAVIS  
STREET ADDRESS 2935 SHOAL CREEK DRIVE  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE CFO ☐ Change ☒ Addition  
NAME JAMES DAVIS  
STREET ADDRESS 2935 SHOAL CREEK DRIVE  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE MANAGER OF ENG. ☐ Delete  
NAME WILLIAM W. BERRY  
STREET ADDRESS P.O. Box 6636  
CITY-ST-ZIP LAKELAND, FL 33807

TITLE MANAGER OF ENG. ☐ Change ☒ Addition  
NAME WILLIAM W. BERRY  
STREET ADDRESS P.O. Box 6636  
CITY-ST-ZIP LAKELAND, FL 33807

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

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:

*[Signature]*

4/27/01

863-683-7199

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

Date

Daytime Phone #

CR2E083 (11/00)