## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 27, 2002 8:00 am Secretary of State M11000 DOCUMENT # 1. Entity Name 05-27-2002 90417 013 \*\*\*150.00 NATIONAL OIL AND GAS DISTRIBUTORS, INC. Principal Place of Business Mailing Address 1976 82ND AVE 1976 82ND AVE VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2491823 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLINS, GEORGE G JR Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BLVD VERO BEACH FL 32963 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CE<sub>0</sub> ☐ Delete TITLE Change ☐ Addition THORNE, F L NAME NAME STREET ADDRESS **5845 CLUB HOUSE DRIVE** STREET ADDRESS VERO BEACH FL 32967 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME WRIGHT, CRAIG NAME STREET ADDRESS **1976 82ND AVENUE** STREET ADDRESS CITY-ST-78 VERO BEACH FL 32966 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME COPELAND, PATRICK NAME STREET ADDRESS 1320 POITRAS DRIVE STREET ADDRESS CITY-ST-ZIP vero Beach Fl 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WALKER, GAYLE NAME NAME STREET ADDRESS **1976 82ND AVENUE** STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HARVELL, RAY STREET ADDRESS 234 SAND PINE ROAD STREET ADDRESS CITY-ST-7IP INDIALANTIC FL CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted eppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED