## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name TECKLA OIL CO., LLC  Principal Place of Business  4791 E. STALLION LANE INVERNESS FL 34452-9083  M99000001512  Mailing Address  4791 E. STALLION LANE INVERNESS FL 34452-9083							SECRETARY OF STATE OIVISION OF CORPORATIONS  OO JUL I I AM 9: 25				
2. Principal Place of Business 3. Mailing Address					I ARBITRALE ITE FERTO IN IL BONTA BONTA BONTA BONTA BONTA BONTA FERTO DITARE FERTO ITALE FE				}		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI I	Number 88-0435576	 ;	<u> </u>	plied For t Applicable	
Zip	Country		Zip	Country		5. Certi	ficate of Status Desired		\$5.00 Add Fee Required		
	Address of Current F	"Name"	7. Nam	e and Address of New R	egistered A	\gent					
HAUFLER, MONICA						Street Address (P.O. Box Number is Not Acceptable)					
4791 E. STALLION LANE					Street Addres	s (P.O. Box N	lumber is Not Acceptable	) 			
INVERNESS FL 34452								<del> </del>			
					City	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 NC Make Check Pay		FEE IS \$50.00 o Department						
		MANAGING MEMBER	DO MANACEGO	10.	<u> </u>	<u> </u>	ADDITIONS/	CHANCES			
9. TITLE	MGRM		<del> </del>	ADDITIONS	CHANGES	☐ Change	Addition				
NAME STREET ADDRESS	HAUFLER, MO		E ET ADORESS					e e			
CITY-ST-ZIP	4791 E. STAL INVERNESS F			-ST-ZIP							
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NAME STREET ADDRESS			ET ADDRESS		<b>400003</b> -07/19	327	244	O			
CITY-ST-ZIP					-ST-ZIP			17000 <del>50.00</del>	<del>"常****</del> [ }1018~~[	<del>10_00  </del>	
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TITLE .	l:		☐ Delete	TITLI Nam	I			•	Change	☐ Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	ertify that the info	rmation supplied with	this filing does not qualify for		-ST-ZIP mption stated in	Section 119	07(3)(i), Florida Statutes. I	further cer	 tify that the ir	formation	
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: MENERAL TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR SIGNATURE AND											