

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000002634

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: WIDOWS OIL INC.

Current Principal Place of Business:

22255 CORTEZ BLVD
BROOKSVILLE, FL US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15302
SPRING HILL, FL 34610 US

New Mailing Address:

PO BOX 15302
SPRING HILL, FL 34604 US

FEI Number: 59-3246429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, SYLVIA
5251 BALDOCK AVE
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MULDER, ROBERT
Address: 7114 ORINOCO RD
City-St-Zip: BROOKSVILLE, FL 34613

Title: VDP () Delete
Name: BADWAK, MARION
Address: 2131 MEADOWLARK RD
City-St-Zip: SPRING HILL, FL 34608

Title: STD () Delete
Name: LOONEY, BENJAMIN F JR.
Address: 9011 BONNET WAY
City-St-Zip: BROOKSVILLE, FL 34613

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MASON, KARYN A
Address: 13012 SADDLE WAY
City-St-Zip: BROOKSVILLE, FL 34614

Title: 2 VP () Change (X) Addition
Name: MILLS, RICK
Address: 7828 FLORAL DR.
City-St-Zip: SPRING HILL, FL 34607

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARYN A. MASON

STD

04/30/2002

Electronic Signature of Signing Officer or Director

Date