

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030300

1. Entity Name
COAST TO COAST PETROLEUM CORPORATION

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90195 019 ***150.00

Principal Place of Business

7001 GIBSONTON DRIVE
GIBSONTON FL 33534

Mailing Address

7001 GIBSONTON DRIVE
GIBSONTON FL 33534

UUUZZJ084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

11266 HILLSBOROUGH AVE.

Suite, Apt. #, etc.

SUITE 342

City & State

TAMPA, FL

Zip

33635

Country

U.S.

4. FEI Number

65-1071611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EARLE, CHARLES THOMAS JR.
7001 GIBSONTON DRIVE
GIBSONTON FL 33534

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EARLE, CHARLES THOMAS	
STREET ADDRESS	7001 GIBSONTON DRIVE	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	D	<input type="checkbox"/> Delete
NAME	EARLE, CHARLES THOMAS JR.	
STREET ADDRESS	7001 GIBSONTON DRIVE	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLE, CHARLES THOMAS	
STREET ADDRESS	7001 GIBSONTON DR.	
CITY-ST-ZIP	GIBSONTON, FL 33534	
TITLE	P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLE, CHARLES THOMAS JR.	
STREET ADDRESS	7001 GIBSONTON DR.	
CITY-ST-ZIP	GIBSONTON, FL. 33534	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES P. MILLS	
STREET ADDRESS	10121 KINGSBRIDGE AVE.	
CITY-ST-ZIP	TAMPA, FL. 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

113-677-7803

Daytime Phone #

CR2E034 (10/00)