2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P0000030300 DOCUMENT

1. Entity Name

Principal Place of Rusiness

COAST TO COAST PETROLEUM CORPORATION

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7001 GIBSONTON DRIVE GIBSONTON FL 33534		11266 HILLSBOROUGH AVENUE STE 342 TAMPA FL 33635					
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 65-1071611	4. FEI Number 65-1071611 Applied F		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add Fee Require		
Ę	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registers	ed Agent		
			Name				
EARLE, CHARLES THOMAS JR			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	ON FL 33534						
			City	F	Zip Cod	е	
the obligat	enamed entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida. I a	am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature req	uired when reinstating) DAT	Æ		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After September 13, 2002 Fee will be \$750 Make Check Payable to Department of St		50:00 Trust Fund Contribution	\$5.0 Added	0 May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EARLE, CHARLES THOMAS 7001 GIBSONTON DRIVE GIBSONTON FL 33534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS EARLE, CHARLES THOMAS JR. 7001 GIBSONTON DRIVE GIBSONTON FL 33534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILLS, JAMES P 10121 KINGSBRIDGE AVENUE TAMPA FL 33626	` □ Delete -	TITLE - NAME STREET ADDRESS CITY-ST-ZIP		Change-	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		∏ Change	☐ Addition	
TITLE		☐ Delete	TITLE		☐ Change	Addition	

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

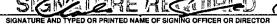
SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS



☐ Delete

☐ Change

Addition

FILED

Sep 17, 2002 8:00 am Secretary of State 09-17-2002 90097 003 ***550.00