

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90355 024 ***150.00

DOCUMENT # P01000009714
 1. Entity Name
REFINEMENT, INC.

Principal Place of Business Mailing Address
~~2669 JEFFERSON ST~~ ~~2669 JEFFERSON ST~~
MARIANNA FL 32446 **MARIANNA FL 32446**

80071276



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3173 4th Street **3173 4th Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State: **Marianna AL** City & State: **Marianna AL**
 Zip: **32446** Country: **USA** Zip: **32446** Country: **USA**

4. FEI Number: **62-1845377** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SWARINGEN, GLENDA F
~~2669 JEFFERSON ST~~ **3173 4th Street**
MARIANNA FL 32446

7. Name and Address of New Registered Agent
 Name: **Same Name**
 Street Address (P.O. Box Number is Not Acceptable): **3173 4th Street**
 City: **Marianna** State: **FL** Zip Code: **32446**

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: *Glenda A. Swearingen* DATE: 2/14/02
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	SWARINGEN, GLENDA F
STREET ADDRESS	3173 4TH ST
CITY-ST-ZIP	MARIANNA FL 32446
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Glenda A. Swearingen, President* DATE: 2/14/02 DAYTIME PHONE #: 850-526-4465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)