FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT	(UBR)	Secretary of State
DOCUMENT # POLOCOLO253		05-01-2002 91563 034 ***150.00
Petroleum Marketer Conoutrants of A.	or and T	
LETTORUM MATRETER CONSUMANTS OF TH		
	Lorp.	
DO NOT WOITE IN THE OF		
DO NOT WRITE IN THIS SP	ACE	
Principal Place of Business		
356.2 Presonick Circle PO Box	2676	N. Committee of the Com
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
O City & State //		4. FEI Number Applied For
Palm Beach Gardens Asheville Zip Country Zip	Country	59-369/662 Not Applicable
33418 USA 28802	ÜZA	5. Certificate of Status Desired \$8.75 Additional Fee Required
	Name 17	7. Name and Address of Current Registered Agent
DO NOT WRITE	L Kei	
IN THIS SPACE	Street Address	(P.O. Box Number is Not Acceptable)
IN THIS SPACE	356-2	Prestwick Cirda
	City Be	ach Gardens FL Zip Code 33418
8. The above named entity submits this statement for the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida.
SIGNATURE Beach & Dickers	- CAL-	4/12/10-
	Registered Agent signature require	d wherh drinstating) DATE
	y 1 Fee is \$150.00 , Fee is \$550.00	10. Election Campaign Financing \$5.00 May Be
(See criteria on back) Amended	UBR is \$61.25 to Department of Sta	Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS	To Dopartilon Or Ote	340
NAME Reigh & Dickenson	TITLE	
STREET ADDRESS 11703 Brain Way	NAME STREET ADDRESS	
CITY-ST-ZIP CONIFER (D 80433	CITY-ST-ZIP	
TITLE V	TITLE	
STREET ADDRESS 113 BOSKA WAS	NAME STREET ADDRESS	
NAME LOIS Abrams STREET ADDRESS 11703 13201 Way CITY-ST-ZIP Conifer CO 80433	CITY-ST-ZIP	
TITLE ·	TITLE	
NAME . STREET ADDRESS	NAME	
CITY_ST-ZIP	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE	TITLE	
VAME	NAME	IN THIS SPACE
STREET ADDRESS DITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE	TITLE	
IAME	NAME	·
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
ITLE	TITE TITE	

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 on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Beil & Dickenson Keith E Dickenson 4/12/02 303/885-1903