2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2002 8:00 am Secretary of State P01000011183 DOCUMENT # 1. Entity Name **FUEL DOC CORPORATION** 03-05-2002 90074 012 ***150.00 Principal Place of Business Mailing Address 275 110TH AVE UNIT 3B 275 110TH AVE UNIT 3B TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address 4900 BETTYLLY DE 4900 BRMMANY DR DO NOT WRITE IN THIS SPACE Applied For City & State ST. PETERSBURG Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33715 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNS, PAUL J Street Address (P.O. Box Number is Not Acceptable) 12525 WALSINGHAM ROAD **LARGO FL 33774** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F TITLE ☐ Delete FELDWISCH, JOHN W 4900 BRITTHY DR. S, # 1811 NAME FELDWISCH, JOHN W NAME STREET ADDRESS STREET ADDRESS 275 110TH AVE UNIT 3B 33715 CITY-ST-ZIP ST. PETERSBURG CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Addition TITLE TITLE ☐ Delete FELDWISCH, ANGELA NAME NAME FELDWISCH, ANGELA 4900 BRITTANY DR. 5, #1811 STREET ADDRESS STREET ADDRESS 275 110TH AVE UNIT 38 ST. PetolsBurg, FL. 33715 CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 __ Change Addition-☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE

changed, or on an attachment with