

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90013 008 ***150.00

DOCUMENT # P01000057700

1. Entity Name

BLACK GOLD FUEL MANAGEMENT SYSTEMS, INC.

Principal Place of Business

**3300 INVERRARY BLVD STE E
 LAUDERHILL FL 33319**

Mailing Address

**3300 INVERRARY BLVD STE E
 LAUDERHILL FL 33319**

2. Principal Place of Business

1 Pineway N.E.

Suite, Apt. #, etc.

RR 6, Box 845

City & State

Okeechobee FL

3. Mailing Address

1 Pineway N.E.

Suite, Apt. #, etc.

RR 6, Box 845

City & State

Okeechobee FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1125373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KRINGOLD, STEVEN DR

**3300 INVERRARY BLVD STE E
 LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name

Nancy G. Shetley

Street Address (P.O. Box Number is Not Acceptable)

1 Pineway N.E.

RR 6, Box 845

City

Okeechobee

FL

Zip Code
34974

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 *Nancy G. Shetley* **Nancy G. Shetley**

4/18/02

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, 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 **DP** ☐ Delete
 NAME **SHETLEY, MICHAEL**
 STREET ADDRESS **3300 INVERRARY BLVD STE E**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **DTS** ☐ Delete
 NAME **SHETLEY, NANCY**
 STREET ADDRESS **3300 INVERRARY BLVD STE E**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **SHETLEY, MICHAEL C.**
 STREET ADDRESS **1 Pineway N.E. - RR 6, Box 845**
 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **DTS** ☒ Change ☐ Addition
 NAME **SHETLEY, NANCY G.**
 STREET ADDRESS **1 Pineway N.E. - RR 6, Box 845**
 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Nancy G. Shetley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 863-946-2641

Date

Daytime Phone #

CR2E034 (9/01)