

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093671

1. Entity Name

FRANK'S & AARON'S FUEL OIL & PROPANE, INC.

FILED

Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90033 043 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4724 FREMONT TERR S ST PETERSBURG FL 33711		4724 FREMONT TERR S ST PETERSBURG FL 33711	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEIR, JOYCE K 4724 FREMONT TERR S ST PETERSBURG FL 33711		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back.) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
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<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (9/01)

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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

Joyce K. Weir 1-31-2002