

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-22-2003 90103 021 \*\*\*150.00

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**DOCUMENT # P01000119595**

1. Entity Name  
**OIL & GO, INC.**



Principal Place of Business  
**4307 DEL PRADO BOULEVARD  
CAPE CORAL FL 33904**

Mailing Address  
**4307 DEL PRADO BOULEVARD  
CAPE CORAL FL 33904**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **80-0039959**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOLISANO, VINCENT G  
4307 DEL PRADO BOULEVARD  
CAPE CORAL FL 33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE VINCENT G. TOLISANO  
Signature, typed or printed name of registered agent and title if applicable

Vincent G. Tolisano  
(NOTE: Registered Agent signature required when reinstating)

8/19/03  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D TOLISANO, VINCENT G**  
STREET ADDRESS **4307 DEL PRADO BOULEVARD**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT G. TOLISANO 8/19/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment# August 19, 2003  
Division of Corporation  
Uniform Business Report Filing 80139830  
P.O. Box 1500. PO1000119593  
Tallahassee, Fl. 32302-1500

To whom it may be concern

I Vincent H Tolisono Director of  
OH & SO Inc. state that I have never  
received the paper work Uniform Business  
Report. I am asking that the late fee  
be waived. Not receiving the form I  
had no knowledge that it was due.  
The address is correct on the form  
Enclosed you will find a check for  
\$150 to be submitted for the  
original Filing fee.

Thank You  
Sincerely  
Vincent H Tolisono