

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90086 039 ***150.00

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DOCUMENT # P02000008902

1. Entity Name
STORM OIL, INC.



Principal Place of Business
**100 E. MEMORIAL BLVD.
LAKELAND FL 33801**

Mailing Address
**100 E. MEMORIAL BLVD.
LAKELAND FL 33801**



2. Principal Place of Business
8218 STILL POND CT

3. Mailing Address
8218 STILL POND CT

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
NEW PORT RICHEY, FL

City & State
NEW PORT RICHEY, FL

Zip
34655

Country

4. FEI Number
03-0392402

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LN.
QUINCY FL 32351

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

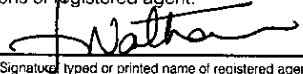
7. Name and Address of New Registered Agent

Name
NATHANI, FARIDA

Street Address (P.O. Box Number is Not Acceptable)
8218 STILL POND CT

City
NEW PORT RICHEY **FL** Zip Code
34655

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  DATE **02/07/03**

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
After May 1, 2003 Fee will be \$550.00
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

TITLE D	<input type="checkbox"/> Delete
NAME NATHANI, FARIDA	
STREET ADDRESS 4661 AYLESFORD DR.	
CITY-ST-ZIP PALM HARBOR FL 34685	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NATHANI, FARIDA	
STREET ADDRESS 8218 STILL POND CT	
CITY-ST-ZIP NEW PORT RICHEY, FL 34655	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE **02/07/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)