

**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

0502230 AV

**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**

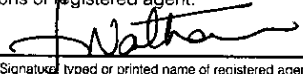
7. Name and Address of New Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Date Daytime Phone #

CR2E034 (10/02)