

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90049 042 ***150.00

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AT

DOCUMENT # P02000134133

1. Entity Name
S.L.S. OIL, INCORPORATED



Principal Place of Business
**201 36TH AVENUE N.E.
ST. PETERSBURG FL 33704**

Mailing Address
**201 36TH AVENUE N.E.
ST. PETERSBURG FL 33704**

62004338



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7372
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

Zip
33734

Country
FLORIDA

Zip
33734

Country
FLORIDA

4. FEI Number
51-0439526

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GREEN, RICHARD D
1010 DREW STREET
ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

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 _____ DATE _____
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	D, SMITH S TEVE	
STREET ADDRESS	201 36TH AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWLING, LARRY	
STREET ADDRESS	P.O. BOX 68912	
CITY-ST-ZIP	ORO VALLEY AR 85737	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, STURGES	
STREET ADDRESS	127 BROADWAY	
CITY-ST-ZIP	FARMINGTON ME 04938	
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		<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 supplementary 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: *[Signature]* **REQUIRED** **2/5/03** **707-526-7424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)