

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90333 023 \*\*\*150.00

**DOCUMENT # P07400**  
**1. Entity Name**  
**DOUGLAS OIL COMPANY OF CALIFORNIA**

**Principal Place of Business**      **Mailing Address**  
**600 N DAIRY ASHFORD**      **600 N DAIRY ASHFORD**  
**HOUSTON TX 77079**      **STATE TAX DEPT., ML 3162**  
**US**      **HOUSTON TX 77079**  
**US**      **US**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Zip      Country      Zip      Country

**4. FEI Number**      **95-2124734**      **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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.**

**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.**      ☐      **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**      ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOVER, W.R. 600 N. DAIRY ASHFORD HOUSTON TX 77079	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUMNER, R.A. 600 N. DAIRY ASHFORD HOUSTON TX 77079	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIST, M A 600 N. DAIRY ASHFORD HOUSTON TX 77079	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS ADAMS, F.E. 600 N. DAIRY ASHFORD HOUSTON TX 77079	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CORNELIUS, S.L. 600 NORTH DAIRY ASHFORD HOUSTON TX 77079	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIDSON, R.G. 600 N. DAIRY ASHFORD HOUSTON TX 77079	<input checked="" type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	D/AS P. M. Narcisse 600 N. Dairy Ashford Houston, TX 77079	<input type="checkbox"/> Change <input checked="" 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	V T. E. Souls 600 N. Dairy Ashford Houston, TX 77079	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Michael A. Gist*      **Michael A. Gist, Secretary**      04/03/02 (281)293-4532  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

04/24/2002 AT CR2E034 (9/01)