

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09085

1. Entity Name  
PRICE OIL, INC.

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90506 037 \*\*\*150.00

Principal Place of Business

Mailing Address

700 OLIVER RD.  
P. O. DRAWER 210249  
MONTGOMERY AL 36121-0249

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P. O. DRAWER 210249  
MONTGOMERY AL 36121-0249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0776220**

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

FOSTER, WILLIAM SCOTT  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH FL 32548

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
NAME **ARMSTRONG, MYERS**  
STREET ADDRESS **8140 WESTLAKES PL**  
CITY-ST-ZIP **MONTGOMERY AL**

TITLE **Chairman of the Board** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **BO BEARDEN**  
STREET ADDRESS **4439 BELL CHASE DR**  
CITY-ST-ZIP **MONTGOMERY AL 36116**

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **ARMSTRONG, TODD**  
STREET ADDRESS **7221 RIDGE PARK CT.**  
CITY-ST-ZIP **MONTGOMERY AL**

TITLE **CEO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/T** ☒ Delete  
NAME **TAYLOR, BRITT**  
STREET ADDRESS **4113 RAY DRIVE**  
CITY-ST-ZIP **MONTGOMERY AL**

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

TITLE **V** ☐ Delete  
NAME **CRAIN, KART**  
STREET ADDRESS **512 CROSSCREEK DR**  
CITY-ST-ZIP **ARBUEN AL 36801**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
NAME **Cindy Brown**  
STREET ADDRESS **2836 Old Orchard Ln**  
CITY-ST-ZIP **Montgomery AL 36116**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)