

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90389 024 \*\*\*150.00

**DOCUMENT # P09085**

1. Entity Name  
**PRICE OIL, INC.**

Principal Place of Business  
**700 OLIVER RD.  
P. O. DRAWER 210249  
MONTGOMERY AL 36121-0249**

Mailing Address  
**700 OLIVER RD.  
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

Zip

Country

Zip

Country

4. FEI Number

**63-0776220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.  
(See criteria on back) ☐

**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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **ST** ☐ Delete  
NAME **BROWN, CINDY**  
STREET ADDRESS **2835 OLD ORCHARD LN**  
CITY-ST-ZIP **MONTGOMERY AL 36116**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

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:

*Cindy Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-27-02 334-271-6688*

CR2E034 (9/01)