2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P35199 **DOCUMENT #**

1. Entity Name

FLEMING BUILDING COMPANY, INCORPORATED

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FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90123 011 ***150.00

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Principal Place of Business 1001 FORT GIBSON RD. PORT OF CATOOSA OK 74015			P. O.	Mailing Address P. O. BOX 470468 TULSA OK 74147-0468 US										
2. Principal Place of Business				3. Mailing Address									8/8/ 8/ 8/ 88	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State			4	4. FEI Number 73-0682934				Applied For		
Zip	p Country			Zip Count				5. Cer	rtificate of Status E	Desired		\$8.75 A	dditional	
	6. Name	and Address of Curre	nt Register	ed Agent	. [7	7. Nar	me and Address	of New Re	egistered	Agent		
CT CORPORATION SYSTEM						Name								
	'INE ISLAND			Si			eet Address (P.O. Box Number is Not Acceptable)							
	ON FL 3332				Ī									
							y				FL	Zip Co	de	
8. The above the obliga	named entity tions of regist	y submits this statement ered agent.	for the purp	pose of changing its	registered	office or re	egistered	agent	t, or both, in the St	ate of Flor	ida. Lam	familiar with	, and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTE	: Registered A	gent signature	required whe	en reinsta	ating)		DATE			
		! FEE IS \$150.00 3 Fee will be \$550.0	0						9. Election Cam	_	~ _		00 May Be	
	•	Florida Department							Trust Fund Co	ontribution	. L	ل Adde	d to Fees	
10.		OFFICERS AN	D DIRECTO	I	11.			ADDI1	TIONS/CHANGES	TO OFFI	CERS AND	DIRECTOR	29 IN 11	
TITLE	P			Delete	TITLE	· I		, (1)	HONG) OF IANGES	710 011 1	OC110 A11E	Change	Addition	
NAME	MILLER, RA	AYMOND A., JR.		Li belete	NAME							☐ Criainge	☐ Advition	
STREET ADDRESS	2021 E. 44					ADDRESS								
CITY-ST-ZIP	TULSA OK				CITY-ST	-ZIP								
TITLE	s	- 		☐ Delete	TITLE	<u> </u>					-	☐ Change	☐ Addition	
NAME		Hristine R.			NAME					-			_	
STREET ADDRESS	2021 E. 44				STREET.	ADDRESS								
CITY-ST-ZIP	TULSA OK				CITY-ST	- ZIP								
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NĀME		KATHEREN			NAME									
	ROUTE 8 CLAREMOR	DE OV				ADDRESS								
	CLAREMOR	IE UK			CITY-ST	-217						_		
TITLE NAME				☐ Delete	TITLE							☐ Change	Addition	
STREET ADDRESS					NAME STREET	ADDRESS								
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NAME					NAME									
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CITY-ST-ZIP		<u></u>			CITY-ST	- ZIP								

12. I hereby certify that the information supplied with this filling 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.

2/10/03 918-627-7800