

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005929

Entity Name

TERRIER OIL COMPANY

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90031 042 ***150.00

Principal Place of Business

MARGUERITE BLVD
LA 70503

Mailing Address

307 MARGUERITE BLVD
LAFAYETTE LA 70503-3133
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3168929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROUNDTREE, SUSAN M.
11922 LONGWOOD DR
GULF BREEZE FL 32501

7. Name and Address of New Registered Agent

Name

ROUNDTREE, SUSAN M.

Street Address (P.O. Box Number is Not Acceptable)

5124 Copperfield Drive

City

Pace

FL

Zip Code
32571

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible
Filing requirement and elects to do so.
(see criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ZIP	P ANDERSON, ARDEN A 307 MARGUERITE BLVD LAFAYETTE LA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	ST ROUNDTREE, SUSAN M. 11922 LONGWOOD DR 5124 Copperfield Dr. GULF-BREEZE FL Pace, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
contained 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
required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arden A. Anderson

2-16-00

Date

337/233-8881

Daytime Phone #

CR2E034 (9/99)