

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90068 016 ***150.00

DOCUMENT # P93000016111

1. Entity Name
ALLSTAR PETROLEUM, INC.



Principal Place of Business
6946 SKYLINE DR
DELRAY BCH. FL 33446

Mailing Address
6946 SKYLINE DR
DELRAY BCH. FL 33446

30004133



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1701 SE 20 Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 13120 P.E.
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
65-0327066

Applied For

Not Applicable

Zip **33316** **Country** **Broward**

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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

JOHNSON, RAE L
2175 STATE ROAD 84
#411
FT. LAUDERDALE FL 33312

Name **SHELLY BURTT**
Street Address (P.O. Box Number is Not Acceptable)
16635 Redwood Way
City **Weston** **FL** **Zip Code** **33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

1/13/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VT** ☐ **Delete**
NAME **JOHNSON, DAVID G**
STREET ADDRESS **2541 ARAGON BLVD # 209**
CITY-ST-ZIP **SUNRISE FL 33322**

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

TITLE **P** ☐ **Delete**
NAME **JOHNSON, CLARICE**
STREET ADDRESS **2541 ARAGON BLVD # 209**
CITY-ST-ZIP **SUNRISE FL 33322**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)