FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P94000021515 D & D OIL, INC. 04-17-2001 90083 043 \*\*\*150.00 Principal Place of Business Mailing Address 40081 US 19 N 1121 E. MARTIN LUTHER KING DR 40000 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Strppt Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3227572 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name DIAMANDIS, BILL Street Address (P.O. Box Number is Not Acceptable) 1121 EAST MARTIN LUTHER KING DR. TARPON SPRINGS FL 34689 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Detete TITLE Change ☐ Addition TITLE NAME DIAMANDIS, SAM NAME STREET ADDRESS 515 GRAND BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34689** ☐ Addition TITLE Delete TITLE Change NAME DIAMANDIS, HELEN NAME STREET ADDRESS 1121 E MLK DR STREET ADDRESS CITY-ST-ZIP **TARPON SPRINGS FL 34689** CITY-ST-ZIP TITLE ☐ Delete TITLE -- Change --- 'Addition DIAMANDIS, BILL NAME NAME STREET ADDRESS STREET ADDRESS 1121 E MLK DR CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34689** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.