FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2000 8:00 am Secretary of State DOCUMENT # **P94000069436** 1. Entity Name BP ENERGY, INC. 09-12-2000 90019 016 ***558 75 Principal Place of Business Mailing Address P.O. BOX 1889 3407 FOX SQUIRREL LANE VALRICO FL 03053-3262 VALRICO FL 33594 US 2. Principal Place of Business 3. Mailing Address ROAD 33 PARMENTEN 33 PARMENTER ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3268523 ondonderr Not Applicable LONDONDERRY Country USA \$8.75 Additional 5. Certificate of Status Desired O3053 us 03053 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent noo 1911 S Pushis PUSTIS, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 3407 FOX SQUIRREL LANE P.O. BOX 1889 VALRICO FL 33594 NIH LOWDONDERRY 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. DPST PUSH'S JEAN MARIC ☐ Addition DPST **Change** ☐ Delete TITLE NAME PUSTIS, JEAN MARIE NAME 33 PARMENTEL STREET ADDRESS 3202 FOX SQUIRREL LANE STREET ADDRESS LONDONDERRY NH CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Delete TITLE TITLE PUSTIS, ROBERT R NAME NAME 33 PARMENTER STREET ADDRESS 3202 FOX SQUIRREL LANE STREET ADDRESS NH LONDONDERRY 03053 CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIF

SGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change