FILED
Aug 06, 2003 8:00 am
Secretary of State
08-06-2003 90058 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014291

1. Entity Name
TOM'S ALBEE ROAD SERVICE STATION, INC.

Principal Place of Business	Mailing Address
105 N. TAMIAMI TRAIL NOKOMIS, FL 34275	105 N. TAMIAMI TRAIL NOKOMIS, FL 34275

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0562740 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLLINS, BETTY
105 N. TAMIAMI TRAIL
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: COLLINS, BETTY STREET ADDRESS: 105 N. TAMIAMI TRAIL CITY-ST-ZIP: NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: V NAME: COLLINS, G M STREET ADDRESS: 105 N. TAMIAMI TRAIL CITY-ST-ZIP: NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: Betty L Collins — 8-4-03 — 941-488-8646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

Chevron 80136497
P9500001429

Tom's Chevron Service
105 N. Tamiami Trail
Nokomis, FL 34275
(813) 488-8646

8-4-03

Division of Corp
Uniform Bus Report
P.O. Box 1500
Tallahassee, FL
32302-1500

Dear Sir:

The filing of the UBR report was brought to my attention by my accountant. I did not receive the report in the mail. This is the first time in 30 yrs this has happened.

Please forgive the late filing fee.

Thank you.

Sincerely

Betty L. Collins