

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90049 049 ***158.75

DOCUMENT # **P95000034045**

1. Entity Name

Kings Highway Oil, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 Australian Ave S.

Suite, Apt. #, etc.

110

3. Mailing Address

500 Australian Ave S

Suite, Apt. #, etc.

110

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0588409

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LIST, MARTIN A.

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

223 SUNSET AVE

STE. 110

City

PALM BEACH

FL

Zip Code

33480

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIST, MARTIN A
STREET ADDRESS	223 SUNSET AVE, STE 110
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	S
NAME	RHODES, PAUL
STREET ADDRESS	500 AUSTRALIAN AVE SOUTH, STE. 110
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Rhodes 412aloz 561659-5400

Date

Daytime Phone #

CR2E034B (12/01)