2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P95000052726 EVANS PETROLEUM SERVICES, INC. 01-31-2001 90266 034 ***150.00 Principal Place of Business Mailing Address 4960 E 10TH COURT 4960 E 10TH COURT HIALEAH FL 33013 HAILEAH FL 33013 UUU11417 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0592293 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS, WILLIAM S JR. Street Address (P.O. Box Number is Not Acceptable) 4960 E 10TH COURT HIALEAH FL 33013 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) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change ☐ Addition TITLE Delete TITLE EVANS, WILLIAM S JR. NAME NAME 4960 E 10TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP HIALEAH FL 33013 Change ☐ Addition TITLE Delete TITLE EVANS, WILLIAM S SR NAME NAME STREET ADDRESS 4960 E 10TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33013 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addresse, with all other like empowered.

William S. Evans Tr.

NG OFFICER OR DIRECTOR