2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 16, 2001 8:00 am Secretary of State DOCUMENT # P95000087935 05-16-2001 90107 001 ***450.00 SEASIDE AMOCO, INC. Principal Place of Business Mailing Address 4320 TRANQUILITY DR. 4320 TRANQUILITY DR. 71635 HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address 8145 HWY. 8145 HWY. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0622067 MELBOURNE BEACH, FL. MELBOURNE BEACH, FL. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHUBERT, JAMES M 4320 TRANQUILITY DRIVE HIGHLAND BEACH FL 33487 Zip Code 3295/ 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. AMES M. Schußert SIGNATURE 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SAME ☐ Addition TITLE TITLE ☐ Delete SAME NAME SCHUBERT, JAMES M NAME 8145 HWY AIA STREET ADDRESS 4320 TRANQUILITY DRIVE STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH FL 33487 CITY-ST-ZIP MELBOURNE BEACH ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 address, with all other like empowered, DAMES M. Schusert 4/21/01

FILED

Daytime Phone #