

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90195 040 ***150.00

DOCUMENT # P96000020804

1. Entity Name

A & B REFINING, INC.

Principal Place of Business

**7169 ULMERTON RD
 LARGO FL 34641**

Mailing Address

**7169 ULMERTON RD
 LARGO FL 34641**

2. Principal Place of Business

3. Mailing Address

5690 PARK BLVD

5690 PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PINELLAS PARK, FL

PINELLAS PARK, FLORIDA

City & State

City & State

Zip

Zip

U.S.A.

U.S.A.

4. FEI Number

59-3377974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUTTON, JAMES
 1801 CARLTON DR
 CLEARWATER FL 33759**

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SUTTON, JAMES	
STREET ADDRESS	1801 CARLTON DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33719	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BUCKSTEIN, BRET	
STREET ADDRESS	6980 ULMERTON RD., 5-H	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

James A. Sutton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-548-4826

CR2E034 (9/01)