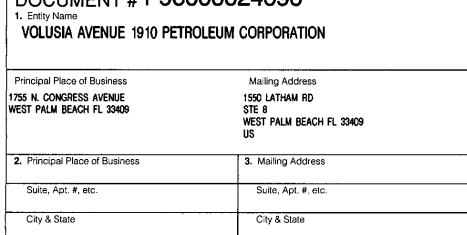
## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P96000024090 1. Entity Name **VOLUSIA AVENUE 1910 PETROLEUM CORPORATION**

**FILED** Jan 29, 2001 8:00 am Secretary of State

01-29-2001 90067 004 \*\*\*150.00





Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State				City & State			4.	4. FEI Number 65-0650327				Applied For		
<b>,</b>				,	05-0050527			Not Applicable						
Zip	Country Zip				Cour	ntry	5.					8.75 Additional ee Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent							
						Name								
MCCRANEY, STEVEN 7 WYCLIFF RD PALM BEACH GARDENS FL 33418						Street Address (P.O. Box Number is Not Acceptable)								
PALI	M DEACH C	MUCINO FL 994 10	)											
						City FL Zip Code								
8. The above	e named entit	ty submits this stateme	ent for the	purpose of changing it	s register	ed office or re	gistered ag	ent, or both, in	the State of Flo	rida.				
					_		_							
SIGNATURE		**												
SIGNATURE	Signature, typed	or printed name of registered	agent and tit	le if applicable. (NO	TE: Registere	ed Agent signature r	equired when r	einstating)		DATE			<del></del>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FE After MAY 1, 2001 Fe Make Check Payable to						will be \$550			Campaign Fin nd Contribution	_			<b>0</b> May Be to Fees	
11.		OFFICERS /		ECTORS	12.	•	ΑГ	L DITIONS/CHA	NGES TO OFF	CERS A	ND DIRE	CTORS	S IN 11	
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NAME	-	ey, steven		L. Delete	NAN	_					υ٠	нанув	Addition	
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	D	ACTI CATOLIO I L	00710	#7 a	_							·		
TITLE NAME	1 -	EY, MARIA		Delete	TITL							Change	☐ Addition	
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	FALIN DE	ACIT GANDENS FL	33410		-1-									
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STREET ADDRESS					STRI	EET ADDRESS								
CITY-ST-ZIP					CITY	-ST-ZIP								
13. I hereby	certify that th	e information supplied	with this	filing does not qualify for	or the exe	mption stated	in Section	119.07(3)(i), Flo	rida Statutes. I	further c	ertify tha	at the in	formation	
indicatéd of the co	d on this repo rporation or the	rt or supplemental rep he receiver or trustee a schmest with an add	op is true	end accorate and that ed to execute this repor	my signa t as requi	ture shall have red by Chapte	e the same er 607, Flori	legal effect as il da Stetutes; and	made under o d that my name	ath; that appear	I am an s in Bloc	officer of k 11 or	or director Block 12 if	

**SIGNATURE:** 

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #