FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91030 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024090

1. Entity Name
VOLUSIA AVENUE 1910 PETROLEUM CORPORATION

Principal Place of Business	Mailing Address
1755 N. CONGRESS AVENUE WEST PALM BEACH, FL 33409	1550 LATHAM RD STE 8 WEST PALM BEACH, FL 33409 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1560 LATHAM ROAD	1560 LATHAM ROAD
Suite, Apt. #, etc.: SUITE 7	Suite, Apt. #, etc.: SUITE 7
City & State: WEST PALM BEACH	City & State: WEST PALM BEACH
Zip: 33409 Country: PALM BEACH	Zip: 33409 Country: PALM BEACH

4. FEI Number: 65-0650327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRANEY, STEVEN
7 WYCLIFF RD
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: MCCRANEY, STEVEN STREET ADDRESS: 7 WYCLIFF RD CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: MCCRANEY, MARIA STREET ADDRESS: 7 WYCLIFF RD CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/2/03 561-478-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #