FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 22, 2001 8:00 am DOCUMENT # P9700006380 **Secretary of State** BLACKWELL OIL. INC. 03-22-2001 90022 015 ***150.00 Principal Place of Business Mailing Address 2301 SW 58TH AVE 4441 THOMAS STREET 80021686 HOLLYWOOD FL 33023 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0719500 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAMPOUKAS, THEODORE Street Address (P.O. Box Number is Not Acceptable) 4441 THOMAS STREET HOLLYWOOD FL 33021 Zip Code FL antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Pres. Kampoulty Thedore & Change TITLE TITLE Delete PAMPOUKAS, THEODORE 1301 SW SECVE NAME NAME 4441 THOMAS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 Pampoures Theodore TITLE Delete TITLE PAMPOUKAS, THEODORE NAME NAME 4441 THOMAS STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33021 CITY_ST_7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the indicated on this report of upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ntal 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 rustee empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if tion up blemental report is true and accurate and reliver or trustee empowered to execute this left with an address, with all other like empowered. of the corporation or the f

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR