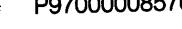
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P97000008576

1. Entity Name CLEWISTON OIL I, INC.





FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90040 028 ***150.00

| Principal Place of Business 641 EAST SUGERLAND HIGHWAY |
|-----------------------------------------------------------|
| CLEWISTON FL 33440 |

Mailing Address
641 EAST SUGERLAND HIGHWAY **CLEWISTON FL 33440**

| CLEWISTON FL 33440 | | | CLEWISTON FL 33440 | | | | | | | | | | |
|-------------------------------|--------------------------------------------------|-------------------------------------------------|--------------------------|--------------|-------------|----------------------------------------------------|-------------------|------------------------------------------------|-------------------------|------------|-------------|--------------|---------------------------|
| 2. Principal Plac | ce of Busin | ess | 3. Mailing Add | ress | | | | | | | | | |
| Suite, Apt. # | etc. | | Suite, Apt. #, etc. | | | | Mr | ☐ CHECK HERE, IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | | 4. FE | l Number | 65-073 | 1836 | | | plied For t Applicable |
| Zip | | Country | Zip | Zip Country | | | 5. Ce | 5. Certificate of Status Desired Fee Required | | | | | |
| | | | | | | | | lame and Address of New Registered Agent | | | | | |
| | 6. Name | and Address of Current I | Registered Agen | <u> </u> | | Name | 7. 140 | | | | | | |
| MCGAHEE, MELANIE A | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | ND HIGHWAY | | | ł | | - | | | | | | |
| CLEWISTON FL 33440 | | | | | ļ | City | <u> </u> | | | | FL | Zip Cod | |
| 8. The above the obligation | named enti | ty submits this statement fo tered agent. | r the purpose of | changing its | registere | d office or reg | gistered age | ent, or both, | in the Sta | e of Flori | da. I am fa | miliar with, | and accept |
| SIGNATURE - | | | | ANOTE | - Dagietere | d Agent signature re | equired when reit | instating) | | | DATE | | |
| | Signature, type | d or printed name of registered agent | and title if applicable. | | | | ` | | | | | | 20 |
| After | May 1, 20 | []] FEE IS \$150.00 003 Fee will be \$550.00 | f State | <u>.</u> | | | | Trus | tion Camp t Fund Cor | ntribution | . ∟ | Adde | 00 May Be d to Fees |
| | Payable | OFFICERS AND | DIRECTORS | | 11. | | AD | DITIONS/C | HANGES | TO OFFI | CERS AND | DIRECTOR | RS IN 11 |
| TITLE | DVP | | | Delete | TITL | E | | | | | | ☐ Change | ☐ Addition |
| NAMÉ | DAVIS, J | AMES A JR. | A.V | | NAM etc | EET ADDRESS | | • | | | | | |
| STREET ADDRESS | 641 EAS | T SUGERLAND HIGHWA TON FL 33440 | 41 | | | '-ST-ZIP | | | | | | | |
| CITY-ST-ZIP | DP | 101112 00110 | | Delete | TITE | E | - | _ | | | | Change | Additio |
| TITLE NAME | MATHIS. | DELBERT | | | NAM | 1 | | | | | • | | |
| STREET ADDRESS | 641 EAS | ST SUGERLAND HIGHW | AY | | | EET ADDRESS Y-ST-ZIP | | | | | | | |
| CITY-ST-ZIP | CLEWIS | TON FL 33440 | | | TIT | — — | | | | | | Change | Additio |
| TITLE | | | l | □ Delete | NAI NAI | 1 | | | | | | | • |
| NAME ATRICET ARRESTO | | | | | ST | REET ADDRESS | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | CIT | Y-ST-ZIP | | | | | | ☐ Change | Addition |
| TITLE | | | | Delete | TIT | 1 | | | | | | [_] Change | |
| NAME | - | | | | | ME REET ADDRESS | | | | | | | |
| STREET ADDRESS | \ | | | | | Y-ST-ZIP | | | | | | | |
| CITY-ST-ZIP | ļ | | <u> </u> | ☐ Delete | | LE T | | | | - | | ☐ Change | e . 🗌 Additi |
| TITLE | | | | Delete | N/ | ME . | | | | | | | |
| NAME STREET ADDRESS | | | | | | REET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | TY-ST-ZIP | | | | | | ☐ Chang | e |
| TITLE | | | | ☐ Delete | | TLE | | | | | | | |
| NAME | 1 | | | | | AME Treet address | | | | | | | |
| STREET ADDRESS | 3 | | | | 1 | TY-ST-ZIP | | | | | | | |

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