

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90065 009 ***150.00

DOCUMENT # P97000046375

1. Entity Name
D B FUELS, INC.

Principal Place of Business

**8133 W. 4TH ST
HILLIARD FL 32046**

Mailing Address

**P.O. BOX 486
HILLIARD FL 32046**

2. Principal Place of Business

37176 W. Fourth St.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Hilliard, FL

City & State

Zip
32046

Country

Zip

Country

4. FEI Number

593452027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUCHANAN, DAVID W
8133 W. 4TH ST
HILLIARD FL 32046**

7. Name and Address of New Registered Agent

Name

Buchanan, David W.

Street Address (P.O. Box Number is Not Acceptable)

37176 W. Fourth St.

City

Hilliard

FL

Zip Code

32046

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

TITLE **P** ☐ Delete
NAME **BUCHANAN, DAVID W**
STREET ADDRESS **8133 W. 4TH ST**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **S** ☐ Delete
NAME **BUCHANAN, JOYCE A**
STREET ADDRESS **8133 W. 4TH ST**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Ann Buchanan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

904-815-3550

Date

Daytime Phone #

CR2E034 (9/01)