2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P97000054138 1. Entity Name CLARENDON PETROLEUM, INC. 04-29-2002 90182 040 ***150.00 Principal Place of Business Mailing Address 2512 TRYON PL. 2512 TRYON PL. WINDERMERE FL 34786 R0080661 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3459127 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN DEVENTER, THEODORE H Street Address (P.O. Box Number is Not Acceptable) 120 E. MAPLE ST. WINTER GARDEN FL 34777-1064 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME BLACKSTOCK, JOHN A NAME STREET ADDRESS 2512 TRYON PL STREET ADDRESS CITY-ST-7IP WINDERMERE FL 34786 CITY-ST-ZIP Delete ☐ Change — ☐ Addition = NAME YVETTE V BLACKSTOCK NAME STREET ADDRESS 2512 TRYON PL STREET ADDRESS CITY-ST-ZIP **WINDERMERE FL 34786** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME BLACKSTOCK, ANDREW J NAME STREET ADDRESS 2512 TRYON PLACE STREET ADDRESS CITY-ST-ZIP **WINDERMERE FL 34786** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

Addition