2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P98000002993 SOUTHEAST PETROLEUM OF CENTRAL FLORIDA, INC. 05-01-2001 90029 005 ***150.00 Principal Place of Business Mailing Address 210 E NORTH AVE 210 E NORTH AVE LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3487246 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALLEN, KENNETH E SR Street Address (P.O. Box Number is Not Acceptable) 210 E NORTH AVE LAKE WALES FL 33853 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE ALLEN, KENNETH E SR NAME NAME 210 E NORTH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 ☐ Addition Change Delete TITLE ALLEN: MARGARET NAME NAME STREET ADDRESS 210 E NORTH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WALES FL 33853 Change ☐ Addition □ Delete TITLE TITLE allen, kenneth e jr NAME STREET ADDRESS STREET ADDRESS 210 E NORTH AVE CITY-ST-ZIP City-St-ZiP LAKE WALES FL 33853 Change ☐ Addition ☐ Delete TITLE TITLE TINGLE, KELLY NAME NAME 210 E NORTH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2001 863-676-3910