2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000091469** Apr 20, 2000 8:00 am Secretary of State EARL GENTRY OIL COMPANY 04-20-2000 90105 028 ***150.00 Principal Place of Business Mailing Address 1761 LANGLEY AVE 1761 LANGLEY AVE DELAND FL 38721 DELAND FL 32724-2180 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3541248 Not Applicable Country \$8.75 Additional Certificate of Status Desired 32724-2180 Fee Required 7. Name and Address of New Registered Agent - 6.-Name and Address of Current Registered Agent Name GILMORE, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 410 SOUTH KEPLER ROAD **DELAND FL 32724** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees XX (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P ☐ Addition X Change ☐ Delete TITLE Robert B. Gilmore VIII KOZU, WILLIAM NAME NAME STREET ADDRESS 410 S. Kepler Road STREET ADDRESS 4411 POWDER HORN DR CITY-ST-ZIP CITY-ST-7IP DAYTON OH 45432-4029 DeLand, FL 32724-6317 ☐ Addition Delete TITLE Change TITLE GILMORE, ROBERT B NAME NAME William J. Kozuh STREET ADDRESS STREET ADDRESS 410 S KEPLER RD 4411 Powder Horn Drive CITY-ST-7IP Dayton, OH 45432-4029 CITY-ST-ZIP **DELAND FL 32724-6317** Addition ☐ Delete TITLE TITLE S/T NAME NAME Cheryl Gilmore STREET ADDRESS STREET ADDRESS 410 S. Kepler Road CITY-ST-7IP CITY-ST-ZIP DeLand, FL 32724-6317 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIE

G. MON 04-12-00 90 SIGNATURE: