2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 19, 2001 08:00 AM DOCUMENT # **P98000091469** 1. Entity Name **Secretary of State** EARL GENTRY OIL COMPANY Principal Place of Business Mailing Address 1761 LANGLEY AVE 1761 LANGLEY AVE DELAND FL DELAND FL327242180 32721 2. Principal Place of Business 3. Mailing Address 1761 LANGLEY AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DELAND 59-3541248 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILMORE ROBERT GILMORE ROBERT 410 SOUTH KEPLER ROAD Street Address (P.O. Box Number is Not Acceptable) 410 SOUTH KEPLER ROAD DELAND FL32724 US City Zip Code DELAND 327246317 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. 02/19/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition GILMORE CHERYL. MAME NAME 410 S KEPLER ROAD STREET ADDRESS STREET ADDRESS FL 327246317 CITY-ST-ZIP DELAND CITY-ST-ZIP \mathbf{v} ☐ Delete TITLE ☐ Change NAME KOZUTH WILLIAM NAME STREET ADDRESS 4411 POWDER HORN DRIVE STREET ADDRESS CITY-ST-ZIP DAYTON OH 454324029 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition GILMORE ROBERT вуш NAME STREET ADDRESS 410 S KEPLER ROAD STREET ADDRESS CITY-ST-ZIP DELAND 327246317 CITY-ST-ZIP TITLE ☐ Delete Сhапде TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

02/19/2001

Daytime Phone #

Date

SIGNATURE: _ Cheryl Gilmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)