

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101763

1. Entity Name

OILMAN, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90263 043 ***150.00

Principal Place of Business

15970 WEST STATE ROAD 84
SUITE 110
LAUDERDALE FL 33326

Mailing Address

15970 WEST STATE ROAD 84
SUITE 110
FORT LAUDERDALE FL 33326-1228

2. Principal Place of Business

1440 W. State Rd 84
Suite, Apt. #, etc.

3. Mailing Address

1440 W. State Rd 84
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL
Zip 33315 Country USA

City & State

Fort Lauderdale, FL
Zip 33315 Country USA

4. FEI Number

65-0880716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

DONALD HYNDS
Street Address (P.O. Box Number is Not Acceptable)
1440 W. State Rd 84

City

Fort Lauderdale

FL

Zip Code 33315

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

Donald Hynds DON HYNDS Pres.

4/27/00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	HYNDS, DONALD	
STREET ADDRESS	15970 WEST STATE ROAD 84	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HYNDS, PATRICIA	
STREET ADDRESS	15970 WEST STATE ROAD 84	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16740 Waters Edge Dr	
STREET ADDRESS	Weston, FL 33326	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16740 Waters Edge Dr	
STREET ADDRESS	Weston, FL 33326	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 954-217-4068

CR2E034 (9/99)