

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105658

1. Entity Name
ELLENTON FUEL SALES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90113 001 *1,350.00

| | |
|---|--|
| Principal Place of Business 5944 20TH STREET EAST ELLENTON FL 34222 | Mailing Address 5944 20TH STREET EAST ELLENTON FL 34222-2926 |
|---|--|

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|--------------------------------|---------|--|--------------------|
| 2. Principal Place of Business | | 3. Mailing Address 5303 14 th St. W. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State BRADENTON FL | |
| Zip | Country | Zip 34207 | Country MANATEE |



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--|
| 4. FEI Number 65-0882941 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent PERRON, ANDRE R ESQ. OZARK & PERRON, P.A. 2808 MANATEE AVENUE WEST BRADENTON FL 34205 | | |
| 7. Name and Address of New Registered Agent | | |
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City FL Zip Code | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT BEGLEY, ANTHONY A SR 6415 FORRESTER DR BRADENTON FL 34202 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BEGLEY, ANTHONY J, SR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BEGLEY, FRED P 1811 78TH ST W BRADENTON FL 34209 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: A. J. Begley, Sr. DATE: 2-18-00 DAYTIME PHONE #: 941-758-4772

CR2E034 (9/99)