2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900055600 Apr 26, 2001 8:00 am Secretary of State PORT FELTER OIL & GAS, INC. 04-26-2001 90317 027 ***150.00 Principal Place of Business Mailing Address 4798 FLORIDA AVE S 4798 FLORIDA AVE S LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Canipa Suite, Apt. # Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 91-1987932 Apolied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 Signature, typed or printed name of registered agent and title. I applicable (NOTE: Registered Agent's anature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FHE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: 12 \mathcal{D} CR2E034 (10/00) TITLE Delete TITLE X Change Hogar, Linda 4800 Happy Canyon Road #130 HAGER, LINDA NAME Massis 4798 FLORIDA AVE S STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY - ST - ZIP Denver, CO 80237 TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-S"-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP TITLE Delete TITLE Change Addition NAME 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 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 trustoe empowered to execute this report as required by Chaoter 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.

Daytime Phone in

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR