

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90070 033 ***150.00

0454814

DOCUMENT # S23089

1. Entity Name

DEFORD'S PETROLEUM, INC.

Principal Place of Business

**200 SOUTH 11TH STREET
 PALATKA FL 32177**

Mailing Address

**P O BOX 755
 PALATKA FL 32178-0755
 US**

2. Principal Place of Business

3. Mailing Address

6415 CR 13 South

PO Box 43

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hastings, FL

City & State

Hastings, FL

Zip

32145

Country

USA

Zip

32145

Country

USA

4. FEI Number

59-3043020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DEFORD, KENNETH F. JR.
 200 SOUTH 11TH STREET
 PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6415 CR 13 South

City

Hastings

FL

Zip Code

32145

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: Kenneth F. Deford Jr. **Kenneth F. Deford Jr President** **03-08-01**
(Signature, typed or printed name of registered agent and title if applicable. (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)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 **DP** ☐ Delete
 NAME **DEFORD, KENNETH F. JR.**
 STREET ADDRESS **200 SOUTH 11TH STREET**
 CITY-ST-ZIP **PALATKA FL**

TITLE **VP** ☐ Delete
 NAME **KRONZ, CINTHIA D**
 STREET ADDRESS **8700 A BARRELL FACTORY ROAD**
 CITY-ST-ZIP **HASTINGS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6415 CR 13 South**
 CITY-ST-ZIP **Hastings, FL 32145**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: Cynthia D. Kronz **Cynthia D. Kronz** **03/08/01** **904-692-2616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)