

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90051 020 ***158.75

DOCUMENT # S77264

1. Entity Name

CAL-OIL, INC.

Principal Place of Business

Mailing Address

S.W. 81 ST
 MIAMI FL 33143-8119

5961 S.W. 81 ST
 S. MIAMI FL 33143-8119
 US

2. Principal Place of Business

5507 Pitch Pine Drive

3. Mailing Address

5507 Pitch Pine Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Orlando, FL

City & State
 Orlando, FL

4. FEI Number
 65-0301719

Applied For
 Not Applicable

Zip
 32819

Country
 orange

Zip
 32819

Country
 orange

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, SALLIE S.
 5961 S.W. 81ST ST
 S MIAMI FL 33143

7. Name and Address of New Registered Agent

Name
 Hollingsworth, Sallie S.

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

5507 Pitch Pine Drive

City
 Orlando

FL Zip Code
 32819

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 *Sallie S. Hollingsworth, PD Sallie S. Hollingsworth*

4-17-2000

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLINGSWORTH, SALLIE S. 5961 SW 81 ST S MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLINGSWORTH, JAMES P 5961 SW 81 ST S MIAMI FL 33143-8119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hollingsworth, Sallie S. 5507 Pitch Pine Drive Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Hollingsworth, James P. 5507 Pitch Pine Drive Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Sallie S. Hollingsworth, PD*

4-17-2000 407-445-9395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)