

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V29158

1. Entity Name

MCMULLEN OIL COMPANY-LUBRICANTS DIVISION, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90104 028 ***150.00

Principal Place of Business

11965 49TH STREET NORTH
CLEARWATER FL 34622

Mailing Address

MCMULLEN OIL CO. LUBRICANTS
P.O. BOX 17357
CLEARWATER FL 34622-0357
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3194981

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLEN, PAUL
11965 49TH STREET NORTH
CLEARWATER FL 34622

Name MCMULLEN, JANET

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

11965 49th Street No

City CLEARWATER

FL

Zip Code 34622

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

Janet McMullen

JANET McMULLEN

4/24/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVP ☒ Delete
NAME MCMULLEN, PAUL
STREET ADDRESS 2097 OAKADIA DR
CITY-ST-ZIP CLEARWATER FL 34624

TITLE PRESIDENT ☒ Change ☐ Addition
NAME MCMULLEN, JANET E
STREET ADDRESS 2097 OAKADIA DR S
CITY-ST-ZIP CLEARWATER, FLA

TITLE S ☒ Delete
NAME MCMULLEN, JANET
STREET ADDRESS 2097 OAKADIA DR
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Janet McMullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET McMULLEN

Date

4/24/01

727-573-0016

Daytime Phone #

CR2E034 (10/00)