Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

1266 NW 106TH TER

PLANTATION FL 33322

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR V50868 DOCUMENT # 1. Entity Name GATORCANE PETROLEUM CORP.

6. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

SHNIDER, RONALD E.

1266 NW 106TH TER PLANTATION FL 33322

SIGNATURE

Country

Suite, Apt. #, etc.

City & State

Zip

1 S FEDERAL HWY

DANIA FL 33004

US



Country

City

FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90206 033 ***150.00

-	☐ CHECK HERE IF MAKING CH	ANGES
	4. FEI Number	Applied For
	4. FET NOTITION 65-0345428	Not Applicable
,		. 75 Additional Required
- 3 3 3	7Name and Address of New Registered Agei	nt
Name	•	
Street Addr	ess (P.O. Box Number is Not Acceptable)	

Zip Code

954-921-5140

Daytime Phone #

8. The above the obligation	named entity submits this statement for the purptions of registered agent.	ose or changing its re	.g.,g.(c,100 0.110g.011	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE _	Signature, typed or printed name of registered agent and title if app	licable. (NOTE: I	Registered Agent signature require	od when reinstating) DATE
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, RONALD W 1266 NW 106 TERRACE PLANTATION FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
40 1 5 5 5 5 5 5	certify that the information supplied with this filin d on this report or supplemental report is true and orporation or the receiver or trustee empowered to d, or on an attachment with an address such to the control of the control	execute this report ther like empowered.	the exemption stated in ny signature shall have th as required by Chapter (Section 119.07(3)(i), Florida Statutes. I further certify that the information ne same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if

THE REQUIRED