

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90078 050 ***158.75

DOCUMENT # 480477

1. Entity Name
MAASSEN OIL CO., INC.

Principal Place of Business

612 N BREVARD AVE
 ARCADIA FL 34266
 US

Mailing Address

PO BOX 877
 ARCADIA FL 34265
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1608783**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAASSEN, JOHN S., III
612 N. BREVARD AVENUE
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SDT MAASSEN, KATHRYN		NAME	
STREET ADDRESS 1440 N ARCADIA AVE		STREET ADDRESS	
CITY-ST-ZIP ARCADIA, FL 00000 34266		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PD MAASSEN, JOHN, III		NAME	
STREET ADDRESS 2490 NW OWENS AVE		STREET ADDRESS	
CITY-ST-ZIP ARCADIA, FL 00000 34266		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VD MAASSEN, DAVID LAMBERT		NAME	
STREET ADDRESS 140 S. OSCEOLA AVENUE		STREET ADDRESS	
CITY-ST-ZIP ARCADIA, FL 00000 34266		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VD MAASSEN, FRANK EDWARD		NAME	
STREET ADDRESS HANSEL ROAD		STREET ADDRESS	
CITY-ST-ZIP ARCADIA, FL 00000 34266		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME C MAASSEN JR., JOHN S.		NAME	
STREET ADDRESS 1440 NORTH ARCADIA AVE		STREET ADDRESS	
CITY-ST-ZIP ARCADIA, FL 00000 34266		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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: *John S. Maassen III* **John S. Maassen III** 2/22/02 863/444-2253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/01)