## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 847096 **DOCUMENT #**

1. Entity Name



## **FILED** Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90111 035 \*\*\*150.00

KEEMAN PETROLEUM COMPANY, INC.									
Principal Place of Business 601 WEST HILL AVENUE VALDOSTA GA 31601 US		Mailing Address PO BOX 10 VALDOSTA GA 31603-0010 US							
2. Principal P	Place of Business	3. Mailing Address			1	014 \$8016 BB126 F9110 B211 01011 0102	i 1914):I 1140(† 1911	#II 818II (881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State			4. FEI Number 58-1134156 Applied For Not Applicable				
Zip Country		Zip	Zip Country		5. Certificate of Status Desired   \$8.75 Add  Fee: Require			itional	_
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ess of New Registered Ag	gent		İ
٨				Name					l
CT CORP	ORATION SYSTEM		Ctroot Address		(P.O. Box Number is Not Acceptable)				
1200 S. P	INE ISLAND ROAD			Street Address (	r.O. Box Number is inc	ot Acceptable)			l
PLANTATI	ON FL 33324								1
#* . 21.				City		FL	Zip Code	)	
the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changin	g its registere	ed office or register	ed agent, or both, in th	ne State of Florida. I am fa	I miliar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and Mar Ware-Market	(NOTE: Desire	4		DATE	···· ···· ···		
		and title if applicable.	(NOTE: Hegistered	d Agent signature required	when reinstating)	DAIE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State				Campaign Financing d Contribution.		May Be to Fees	ŀ
10.	OFFICERS AND	DIRECTORS	RECTORS 11.		ADDITIONS/CHAN	IGES TO OFFICERS AND D	DIRECTORS	N 11	ĺ
TITLE	P	☐ Delete	TITLE		······································	<del></del>	Change	Addition	É
NAME	KEENER, JAMES C.		NAME						3
STREET ADDRESS	703 PINE PT CIRCLE			ET ADDRESS					
CITY-ST-ZIP	VALDOSTA GA 31602	<del> </del>	CITY	-ST-ZIP					ĺ
TITLE	ST	☐ Delete	TITLE				Change	Addition Addition	Ì
NAME	KEENER, JAMES C., JR.		NAME						
STREET ADDRESS CITY-ST-ZIP	4525 TILLMAN BLUFF ROAD VALDOSTA GA 31602			ET ADDRESS -ST-ZIP			ر در در سوس ریس		
TITLE	VP	☐ Delete	TITLE				Change	☐ Addition	į
NAME	KEENER, JOAN M.		NAME	<b>.</b>					
STREET ADDRESS	703 PINE POINT CIRCLE			ET ADDRESS				•	l
CITY-ST-ZIP	VALDOSTA GA 31602	*	CITY-	-ST-ZIP					
TITLE		☐ Delete	TITLE	l l			Change	☐ Addition	l
NAME OZDCET ADDRESS			NAME	<b>I</b>					ŀ
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NAME			NAME				□ Change	☐ Addition	l
STREET ADDRESS				ET ADDRESS					l
CITY-ST-ZIP				ST-ZIP					l
TITLE		☐ Delete	TITLE			1	Change	Addition	l
NAME			NAME			•			
STREET ADDRESS			O.T.O.C.						
CITY-ST-ZIP				ET ADDRESS ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

March 25, 2003

229-247-8000

Daytime Phone #