

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90272 001 ***150.00

DOCUMENT # F00000004712

1. Entity Name
PETROPAC SOLUTIONS, INC.



Principal Place of Business
**2701 REESE ROAD
DAVIE FL 33314**

Mailing Address
**2701 REESE ROAD
DAVIE FL 33314**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **65-1035960**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WYNNE, JAMES A III**
STREET ADDRESS **2701 REESE ROAD**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **D** ☐ Change ☒ Addition
NAME **LOUIS BISSETT**
STREET ADDRESS **11150 SANTA MONICA BLVD SUITE 1200**
CITY-ST-ZIP **LOS ANGELES CA 90025**

TITLE **VD** ☐ Delete
NAME **BENNETT, JEFFREY**
STREET ADDRESS **11150 SANTA MONICA BLVD., SUITE 1200**
CITY-ST-ZIP **LOS ANGELES CA 90025**

TITLE **VDS** ☒ Change ☐ Addition
NAME **BENNETT, JEFFREY**
STREET ADDRESS **11150 SANTA MONICA BLVD SUITE 1200**
CITY-ST-ZIP **LOS ANGELES CA 90025**

TITLE **STD** ☒ Delete
NAME **MCGOLDRICK, MARK**
STREET ADDRESS **ONE BANK BOSTON PLAZA, SUITE 1600**
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **PD** ☒ Change ☐ Addition
NAME **WAUGAMAN, DOUGLAS**
STREET ADDRESS **2701 REESE ROAD**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **CFO** ☐ Delete
NAME **ROSENBAUM, STANLEY G**
STREET ADDRESS **2701 REESE RD**
CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE **D** ☐ Delete
NAME **WONG, DAVID**
STREET ADDRESS **11150 SANTA MONICA BLVD., SUITE 1200**
CITY-ST-ZIP **LOS ANGELES CA 90025**

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

TITLE **PCEO** ☐ Delete
NAME **WALLGAMAN, DOUGLAS**
STREET ADDRESS **2701 REESE RD**
CITY-ST-ZIP **DAVIE FL 33314**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley G. Rosenbaum **REQUIRED P/CFO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 954-583-0548
Date Daytime Phone #

CR2E034 (10/02)