

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J93271

FILED
Jan 30, 2003
Secretary of State

Entity Name: PETRO CARRIERS, INC.

Current Principal Place of Business:

205 BURK STREET
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

205 BURK STREET
LAKE CITY, FL 32055

New Mailing Address:

231 NW BURK AVE
SUITE 107
LAKE CITY, FL 32055

FEI Number: 59-2855332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GUY N.
205 BURK ST.
LAKE CITY, FL 32055

Name and Address of New Registered Agent:

WILLIAMS, GUY N.
231 NW BURK AVE
SUITE 107
LAKE CITY, FL 32055

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:

01/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, GUY N
Address: 205 BURK STREET
City-St-Zip: LAKE CITY, FL 32055

Title: VD () Delete
Name: WILLIAMS, GUY N.,
Address: 205 BURK ST
City-St-Zip: LAKE CITY, FL

Title: VD () Delete
Name: DICKS, TERRY N
Address: RT 10 BOX 319
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, GUY N
Address: 231 NW BURK AVE SUITE 107
City-St-Zip: LAKE CITY, FL 32055

Title: VD (X) Change () Addition
Name: WILLIAMS, GUY N.,
Address: 231 NW BURK AVE SUITE 107
City-St-Zip: LAKE CITY, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY N. WILLIAMS

PD

01/30/2003

Electronic Signature of Signing Officer or Director

Date