

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 387958

1. Entity Name

PETROLEUM SERVICE CO. OF PENSACOLA INC.

Principal Place of Business

P. O. BOX 4027  
325 E. COMMERCE STREET  
PENSACOLA FL 32507

Mailing Address

P. O. BOX 4027  
325 E. COMMERCE STREET  
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TESCHEL, TERRY J.  
316 PAYNE RD.  
PENSACOLA FL 32507

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	TESCHEL, CAMILLE M.	
STREET ADDRESS	2112 BAINBRIDGE AVE.	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	P	<input type="checkbox"/> Delete
NAME	TESCHEL, TERRY J.	
STREET ADDRESS	316 PAYNE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TESCHEL, RICKY	
STREET ADDRESS	700 COLEMO PLACE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	T	<input type="checkbox"/> Delete
NAME	TESCHEL, CAMILLE M	
STREET ADDRESS	2112 BAINBRIDGE AVE.	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Terry J. Teschel*

Terry J. Teschel

3/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90474 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1407673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (10/00)

0033707